23750 21 27 AF9 ES A CALL TO THE STATE OF T Service Artist

1	40	25-88 mt film 399 MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE			05168
HEALTH DEPT.		DECEASED-NAME First Middle Lost 20. DATE KNOWN Month Doy OF ESTI-	Y Year 2b. HOUR
Poge of to		Douglas Edward Alliells Death Mated Hory)/1968/0 PM
and de la sand de la s	3. SI	SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years lost birthday) MONTHS DAYS HOURS MIN. 2c DATE PRONOUNCED DEAD MONTH APPLICATION OF THE WORLD WITH APPLICATION	Year 19 AP 10 2M
2, 2, po		BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	A C I S
farm farm te De		Baltimore, Md. U.S.A. WIDOWED DIVORCED Baltimore	Md
Pag Ith Sto	10. 0	1	KIND OF BUSINESS OR
	130.	Towson St. Joseph's Hosp of Town In the Indian Residence before 13c. CITY OR TOWN USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d Mistor CITY LIMITS? 13e. STREET AND NUMBER	rn High Sc
s after 18. Giv a alang 2 with death.		odmission) STATE Md. 13b. COUNTY Balto.12 YES NO 1254 Meridene	Drive
4 hours office of 1 and 2 v	14. F	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Richard B. Ahrens Gloria P. Anse	1 Lost
n pencil in Examiner's File pages		WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give year or dates of sentice) 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
wit per xan xan xan 72	1	No Richard B. Ahrens (Sam	APPROXIMATE INTERVAL
		18. CAUSE OF DEATH (Enter only one couse per line to (o), (b), and (c)) PART I. DEATH WAS CAUSED BY:	BETWEEN ONSET AND DEATH
d be executed d pending in the following in the following it is transit permit.		8 1 8, 9 IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF	2 Oddan
per inef I		Conditions, if ony, which gove	
word word the Ch urial-tre		rise to immediate cause (o), stating the underlying cause last.	
ate slate slate sd ta and ii		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)	
vertificat writing rwarded rwarded sed as c	N	8244	
.0 7 =	CERTIFICATION	196. CONDITION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
This ficate be for de de or re	CERTIF	21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 1	YES NO
	EDICAL	PRIMARY OR CONTRIBUTING : HOUR AME 4-11 19 68 Thrown from auto which rolled or	
(AMINER: te the cert te 4 shault files. age 3 shau age 3 shau		$f_{i_1}, \dots, f_{i_{i_1}}, \dots, f_{i_{i_2}}$	ounty State Itimore Md
Pag Pag far y R:P		220. I certify that I took charge of the remains described above, helden Autopsy . Inspection . Inquiry .	ond in my opinion
Se estretor.		death resulted from: Natural causes Accident Accident Accident Momicide Momicide Momicide Momentum	
dire dire bir bir dir to		ACTUAL CHIEF MEDICAL EXAMINER TO 225. DATE SIGN	ush)
ury, ple neral d be ret RAL D priar		SIGNATURE CONTROL OF THE STATE	11/1/1960
o DEPUTY necessary, the funeral 5 may be r o FUNERAL Health price		NAME (Typ) DO VEST-O LONGEL ADDRESS (Street, city, town, or county)	
5 a # 2 5 a # V	230	REMOVAL (Specify)	unty) (State)
N/R	28	Burial 1/15/68 Dulaney Valley Mem Grds Timonium Ba	1 to .Co .Md
VR ATSME		I. W. Jenkins & Sons Co. 4905 York Rd. DATE APR 16 1968 Policy	
10M REV. 1/68		Belto 12. Md.	0 *

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MARYLAND STATE DEPARTMENT OF HEALTH 05165 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item 13 Film G399 4/10/68 kk 05169 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Last 20. DATE OF DEATH 2b. HOUR requires that the death certificate be executed within 24 haurs after death (Type or print) Month campletely filled in by the funeral tave carbon papers. Pages Trage y event, within 72 haurs offer dea Aizkrauklis Tekla 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. lost birthdoy) Female Jan. 5.1904 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED X NEVER MARRIED WIDOWED | DIVORCED | Balto. U.S.A. Latvia 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) during most of warking life, even if retired.) INDUSTRY Mt. Wilson Wilson Hosp. 13a, USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER lease ramave c YES NO Mt. Wilson 14 FATHER'S NAME Middle Lost IS, MOTHER'S MAIDEN NAME First Middle Last Alvine Kimenis Jekabs Ivans please 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, no. or unknown) ar remayal, Valdis. Mt. Wilson, Md. 21112 Dr. None 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND OFATH PART I. DEATH WAS CAUSED BY mos IMMEDIATE CAUSE (o) signed by the atter burial-transit permi aburial, cremation, a DUE TO. OR AS A CONSEQUENCE OF Conditions, if any, which gave) rise ta immediate cause (o), DUE TO, OR AS A CONSECUENCE OF stating the underlying cause: PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) aus surs arteus scherche Cardio Vascular by the haspital or attending detached far use as the te Dept. af Health prior to 19a, DATE OF OPERATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? PHYSICIAN: The CAUSES OF DEATH? YES [21g. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town State County While Nat while at work 22a. I certify that (1) (this hospital) attended the deceased from 12/4 1962, and that in (my) (our) apinion death occurred on the date and hour and from the saw the deceased alive on..... causes stoted obave, (1) (westaid) (aid not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED MS

O FUNERAL DIRECTOR: After this certificate has been O HOSPITAL OR ATTENDING be retained director, page should be filed

24. FUNERAL DIRECTOR 4101 Edmondson Ave. Witzke Funeral Directors .Balto .. Md. 21229

Alfred

23b. DATE

Ossman

22d. PHYSICIAN'S

23a. BURIAL, CREMATION,

NAME (Type)

23c. NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery

DEGREE

22e. ADDRESS

23d. LOCATION (City or Town)

(County) (State)

Balto. Md. 250. REC'D BY REGISTRAR

1101 St. Paul St., Belto., Md.

MED. DIRECTOR

25b. REGISTRAR'S SIGNATURE

COLDE SERVE TO SUCCESS OF STREET OF STREET STREET

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS 301 W PRESTON STREET RAITIMORE MARYLAND 21201

		Item 1 Film (399 1/26/68			ATE OF	DEATH	ione, ilian	11CAND 2120	051	7713
		CEASED-NAME ype or print) WILL	First IAM F.	Middle S/	AMRHIN	Lost E		20. DATE OF 4/17/		Doy Yeor	2b. HOUR
	3. SE	x ale	4. RACE White			Dec.	5, 1889		6. AGE (In years lost birthdoy)	IF UNDER 1 YEAR MONTHS DAYS YRS.	F UNOER 24 HRS. HOURS MIN.
	cour	IRTHPLACE (Stote or foreign try) Maryland ITY OR TOWN OF DEATH	76. CITIZEN OF WHAT	COUNTRY?	WIDOWED		ORCED _	Baltin		one 12b. KIND OF	MI PUCINITES OR
90		Catonsville	give stree	n Ridge	Nursin	g Home	during most	of working	ife, even if retire Ripenter	d.) INDUSTRY	DUSINESS OK
00		USUAL RESIDENCE (Where descion) STATE Maryland	tel committee	ltimore	Parky		YES NO	13e. SU 26	17 Taylo	or Ave.	
-/		Charlds	Middle H	lost Amrhine		Emm	MAIDEN NAME First NA	1	Middl	e Kummer	Lost
	160. Y	WAS DECEASED EVER IN U.S. es, no or unknown) [If yes]	give were as dates of serviced	. SOCIAL SECURITY II 12-10-64		nformant Mr Ken	neth W A	mrhine	Addres 1210 r	Havenwood	
		PART I. DEATH WAS CA	er only one couse per line fo AUSED BY: MEDIATE CAUSE (o)	or (a), (b), and (c).		Que	umo:	414			MATE INTERVAL INSET AND DEATH
		Conditions, if ony, which go	(0), ((b) Ger	CONSEQUENCE OF	ecl Av	terros	cleros	SE	Chron	-	
		stoting the underlying collast. PART 2 OTHER SIGNIFICANT		aju s			AL DISEASE OD CON	IDITION GIVEN	I IN DADT 1/a)		
	NOI	4500	19b. CONDITION FOR WHICH (ICC CONFIDENCE IN C	FOTEVINO
2	CERTIFICATION					YES _	NO NO	CAUSES	OF DEATH?	igs considered in c	KIIFFING
	MEDICAL CE	21a. ACCIDENT WAS UNDER DR CONTRIBUTING CAUSE OF (If either, notify medical ex-	FOEATH HOUR A.M. W	lonth Doy Year 19	,		CURRED (Enter n	oture of injur	y in Port 1 or Por	rt 2, Item 18.)	
	W	at work ot work	21e. PLACE OF INJURY (AT I						or Town	County	State
		22a. I certify that (1) saw the decease causes stated at	(this haspital) attend d alive an ave, (1) (we) (did) (die	ed the decease - 17 - 1 I nat) view the l	d fram_ 9 <u>68</u> , an bady after	d that in (n death.	ny) (aur) apini	7, ta_ an death a	ccurred an the	-19 <u>6 2</u> , that e date and haur	(I) (we) la and from th
		22b. SIGNATURE	Valle (ever	DEGR	ATTENDI PHYS.	LLE DIRE	CTOR 🗆	STAFF PHYS.	22c. DATE SIGNED 4 - 18 -	-68
1		(1),007	SAR VALLE				629	Libe		Rd	
2		REMOVAL (Specify)	14/20/68			CREMATORY norial	. Pk	Bal.		(County) Maryland	(Stote)
1685	24. Lo	funeral director onard J. Rucl	k Inc. Baltin	more Md.	21214		DATE AD			CAN'S SIGNATURE	ge.

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after deoth.

Page 4 may be retained by the hospital or ottending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

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				CEKTIFIC	AIE UP DEAL	п			DF 8.1	3 7 36
. DECEASED-NAME	First		Middle		Last	2a.	DATE OF DEATH			25. HOUR
(Type or print)	ADELAI	DE	MARIE		ANDERSON	A	pri1	oth Day	1968	5:15P
. SEX		4 RACE			S. DATE OF BIRTH		6. AGE	(In years	IF UNDER I YEAR	IF UNDER 24 HRS
Female		Whi	te				last b	irthday) YRS.	MONTHS DAYS	HOURS MIN
a. BIRTHPLACE (Stat	e or fareign	76. CITIZEN OF V	VHAT COUNTRY?	B. MARRIED [NEVER MARRIED	P. COU	INTY OF DEATH			
(dunfry) Kentu	icky	USA		WIDOWED			Baltir	nore.		
D. CITY OR TOWN OF	F DEATH		NAME OF HOSPITAL OR IN	STITUTION (If no			UPATION (Kind of	work done	12b. KIND OF	BUSINESS OR
Baltimore	, Maryl	and G	e street oddress) reater Balt	o. Med	. Cen.	g masHol	Korking life each	n it retired.)	INDUSTRY	ome
3a. USUAL RESIDENC	E (Where deceas	ed lived, if institu	ution: Residence before	13c. CITY OR		CITY LIMITS?	13e. STREET AND			
dmixion)ryllar	ıd	136. COUNTY	Baltimore		YES	NO 🗶	24 Sur	nmit Av	enue	
4. FATHER'S NAME	First	Middle	Last	15.	MOTHER'S MAIDEN NAM	ME First		Middle		Last
Harry A.	Macbra	ir			Elizabeth	h	M		Parrot	t
16a, WAS DECEASED	EVER IN U.S. ARN	NED FORCES?	16b. SOCIAL SECURITY		FORMANT			Address		
Yes, no, antoknov	AU] (III July Blob as	rar or dates of service)	403 26 11	45 Mr	s. Dorothy	K. D	avis 44	Windmo	or Plac	ce.
18. CAUSE OF	DEATH (Enter an	ly ane cause per	line for (a), (b), and (c)	.)					APPROXI	IMATE INTERVAL ONSET AND DEATH
	EATH WAS CAUSED				l respirato	ory in	nsuffici	encv		ander may gently
195	9 IMMEDIA		AS A CONSEQUENCE OF	_		,				
Conditions, if a	ny, which gave }		Pulmonary		200					
rise to immed	iate cause (a), ((p)		meraore	1303					
stating the un	derlying cause	DUE TO, OK	AS A CONSEQUENCE OF		£ 2 - h :	t. 1				
_	,	(c)			na of right			7 34 3		
		-	UTING TO DEATH BUT N	UI RELATED TO	THE TERMINAL DISEASE	OKCONDITE	UN GIVEN IN PAK	1 1(0)		
S JOS DATE OF OR	Amputa	tion rig	THICH OPERATION WAS PE	DECORMED	20a. AUTOPSY?		Table IF MEC MIT	DE EMPINOS O	ONSIDERED IN C	CENTREVINO
3 190, VAIL OF OF	EKATION 190.	2 41		KLOKWED			CAUSES OF DEA	TH?		EKIITTING
190. DATE OF OP 1965 210. ACCIDENT	was week	Osteosa		1	4.20	0		Y	es	
	WAS UNDERLYIN IG CAUSE OF OEAT	E 1 C 11111E			W INJURY OCCURRED (I	Enter nature	a of injury in Par	i 1 or Port 2, 1	item 18.)	
	y medical examin	ner) P.M	. 1	9						
TIM BUDDEL OF	CCURRED 21e.	PLACE OF INJURY	(AT HOME, FARM, STREET, FAI OFFICE BUILDING, ETC.	CTORY,) 21f. LOC	ATION Street or R.F.D.	. Na.	City or Town		County	State
While Not at work	wark									
22a. I certif	y that (I) (th	is haspital) at	tended the deceas	ed from Ma	arch 26 , 1	9 68	ta_April	23,19	68 , that	(I) (we) lo
saw the	e deceased a	ive anA	ril 231	19_68 and	that in (my) (our)	apinian o	death accurre	d an the da	te and havr	and fram th
		, (I) (we) (did	(did nat) view the	bady after d	eath.			Lance		
22b. 9GNATURE	11.19	Mala	1		ATTENDING	MED.	STAFF		DATE SIGNED	1060
11	un c	1 40	ar	DEGRE	1111.05	DIRECTOR	R LJ PHYS.	A A	pril 23	, 1900
22d. PHYSICIAN NAME (Typ		E' ATLAR	C W D		22e. ADDRESS	n . 1	t M	12 1		
	JOIL	E. ADAM			Greater					
REBOYAL See	(ION, 23b)	-26-68		CEMETERY OR C	n.Pk. Cem.		LOCATION (City of		(County)	(State)
			Dave /	TOM MO	melke Ceme		Balto. (
14 FUNERAL DIRECT	nson 85	21 Lech	Raven Blvc	a Balta	21 204 REC	D BY REGI	DA C 256	LEGISTRAR'S	SIGNATURE	4 Creda
					DATE	71	IN GO IN	100	- / -	1 0

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. **TO FUNERAL DIRECTOR:** After this cerificate has been signed by the ottending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pageshould be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours? Page 4 may be retained by the haspital or attending physician.

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hours offer death. Pages

O MOSTITAL OR ATTENDING PHYSICIAN: The law requires that the Jeath certificate be executed within 24 hours aft

Page 4 may be retained by the haspital ar attenting physician

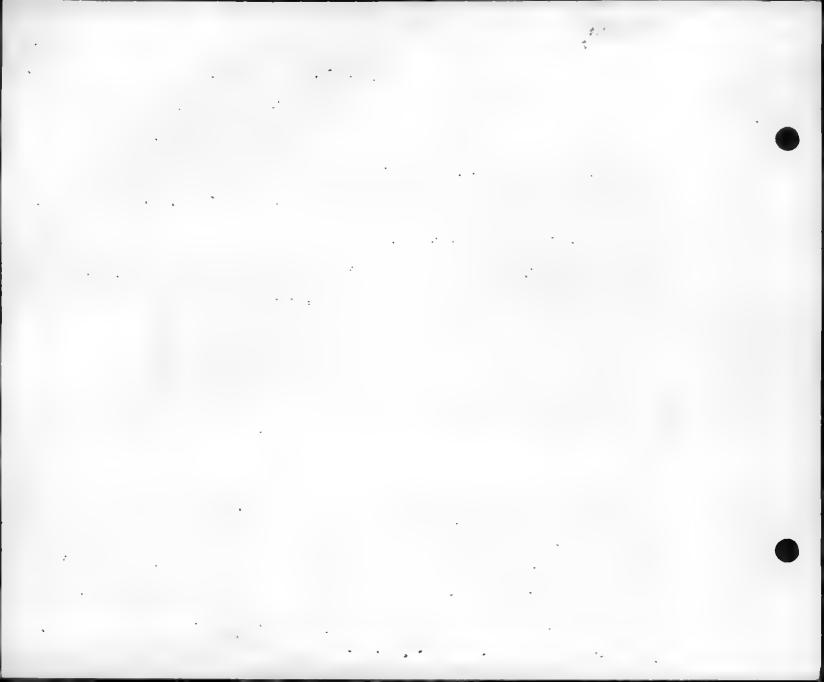
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papershauld be filed with the State Dept. of Health priar to burial, crematian, or remaval, and in any event, within 72

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

F 6	2-	-411	7	+3
4.7	1.3	- 8	-4	10

1.	DECEASED NAME First (Type or print) Mex	Middle rtin	APPLE	BAUM	20 DATE OF DEATH April Month 29	Doy Yeor 68	26 HOUR 9:50
3	sex Male	4. RACE White		ATE OF BIRTH	6. AGE (In years lost birthday)	IF JINDER 1 YEAR MONTHS DAYS	1F UNDER 24 HRS HOURS MIN
7 o	BIRTHPLACE (State or foreign unity)Baltimore	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED N	EVER MARRIED DIVORCED	9. COUNTY OF DEATH Baltimore		
10	CITY OR TOWN OF DEATH B. ltimore	11 NAME OF HOSPITAL OR I	NSTITUTION (If not m l h Hospita	duting m	AL OCCUPATION (Kind of work don nost of working life, even if retired ourt Reporter		BUSINESS OR
13 ad	usual residence (Where decease mission) Maryland	sed lived, if institution Residence before	Baltimo			d Avenue	#2120
14	FATHER'S NAME First ELLIS	Middle Lost	10	HERS MAIDEN NAME	First M. ddle		Lost
16			Y NO. 17. INFOR		APPLEBAUM	SAM	Ē.
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE O	F		CONDITION GIVEN IN PART 1(0)		
CEDTIELCATION	190. DATE OF OPERATION 196	CONDITION FOR WHICH OPERATION WAS I	PERFORMED	Oa AUTOPSY? YES NO 🕽	20b IF YES, WERE FINDING CAUSES OF DEATH?	S CONSIDERED IN C	ERTIFYING
MENICAL CED	OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. Month Doy Yes iner) P.M.	ır 19	·	er noture of injury in Port 1 or Port	2, Item 18.)	
AAC	While Not while at work	PLACE OF INJURY (AT HOME, FARM, STREET, I OFFICE BUILDING, ETC.				County	State
	220. I certify that (I) (the saw the deceased a causes stated above	nis hospitol) ottended the deceo alive on 4-29 e 4) (we) (did) (did not) view the	sed from	5 <u>26 </u>	.68, to 4-29, inion death occurred on the	19 <u>68</u> , that dote and hour	(I) (we) and from
	22b SIGNATURE	10400	DEGREE	ATTENDING D		4-29-6	
		Gayoso, M.D.			rk Road, Baltimo		
1	REMOVAL (Specify)	130 68 april		at Chair	23d LOCATION (City or Town)	(County)	(State)
7	FUNERAL DIRECTOR	address	Carolindon	DATE A	PR 3 0 1968 REGISTRA	RS SIGNATURE	acega



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH DECEASED-NAME First Middle 2o. DATE OF DEATH 2b. HOUR (Type or print) Month I'heli ia Lleanor 3 SEX 4. RACE 5 DATE OF BIRTH 6 AGE (In years F UNDER 1 YEAR IF UNDER 24 HRS lost_birthday) Fe. ale White 1 Sept. 1910 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED TRINEVER MARRIED Faryland WIDOWED [DIVORCED [Baltimore 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR give street address) during most of working life, even if retired) **INDUSTRY** Catonsville Konsewile Own Hone 13g USUAL RESIDENCE (Where deceased lived, if institution. Residence before) 13d. INSIDE CITY JIMITS? 13e STREET AND NUMBER 13c CITY OR TOWN adm ssion) STATE 135 COUNTY YES THE NO 402 Test ate Road salti mre IS. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Middle Last Lost J. Marle Meal Eleanor Carmine 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Yes, no, or unknown) (If yes give war or dates of service) 216-28-0061 James B. Armizer, same as 13 APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one couse per line for $\langle \mathbf{r}_0 \rangle$, (b), and (c) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY 1MMEDIATE CAUSE (a) DUE TO, OR AS miracli. Conditions, if ony, which gave) rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19a DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO [21g. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING (T) CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 218. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY 21d. INJURY OCCURRED 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while at wark 220. I certify that (I) (this haspital) attended the deceased from 1.160, 19, to 11, t couses stoted above, (I) (did) (did not) view the body ofter death 22c. DAYE SIGNED 22b. SIGNATURE **ATTENDING** MED. DIRECTOR amps DEGREE 22d. PHYSICIAN S 22e. ADDRESS NAME (Type). Fallowhill ave., Daltimore, Janest Nolan. 23c NAME OF CEMETERY OR CREMATORY 23b. DATE 23d LOCATION (City or Town) (State) 23a BUR AL, CREMATION (County) REMOVAL (Specify) Daltipre id. Lorraine Frk Cemetery 25c REC'D BY REGISTRAR 256 REGISTRAPS SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS**

Kirkley Funeral Lone, Glen Burnie, Id.

4 hours aft aw requires that the death certificate be executed within the attending physician and compressions of nermit. Then please remayer carban crematian, ar removal, and in any event, burial-transit permit. burnal Page 4 may be retained by the hespital or attending ifter this certificate has been be detached far use as the State Dept, of Health priar to O FUNERAL DIRECTOR: After 3 should b director, page 3 shauld shauld be filed with the

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	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 em 1 Film. 0399 4/16/68 kk CERTIFICATE OF DEATH	
	* ** * * *	at the training
ond 2	CEASED NAME First Middle Last 2a DATE OF DEATH APPROT Print) CHANDLER F. ARMSTRONG Month Day Day	Year 25 Hour
affer t	male 4 RACE white 5. DATE OF BIRTH 6 AGE (n years last birthday) 85 YRS	F UNDER 1 YEAR F UNDER 24 HRS. MONTHS DAYS HOURS MIN.
Pers Pours	IRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 8 MARRIED ☑ NEVER MARRIED ☐ 9. COUNTY OF DEATH 11y) M.D. 9. COUNTY OF DEATH 9. COUNTY OF	V M
unted within 24 impletely filled ve carban paper event, within 72	TY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even fretired) Name of Hospital or Institution (If not in hospital during most of working life, even fretired) Mt. Wilson State Hosp.	12b. KIND OF BUSINESS OR INDUSTRY
and campletely remove carbarin any event, wi	USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER	grale
ate be exection and to ease removed and in any of	ATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First . Middle	lost Hall
physician nen please aval, and i	WAS DECEASED EVER IN U.S. ARMED FORCES? 85. no. of unknown) (If yes give wor or dates of service) 216-07-6531 Records, Mt. Wilson State Ho	
that the death c in. by the attending ransit permit. The	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c).) PART L. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave nise to immediate cause (o), stating the underlying couse last. DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF	APPROXIMATE INTERVAL BYTWEEN ONSET AND DEATH
AN: The law requires all ar attending physicic licate has been signed for use as the burial-the Health prior to burial, and the form the burial of the licate has burial to burial, and the form the burial of the form the	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION OF IN PART 1(0) A tensor lend file them to be a condition for which operation was performed 190. Date of Operation 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? YES NO CAUSES OF DEATH (C)	ONSIDERED IN CERTIFYING
YSICI certiff certiff pt. of	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical exominer) 21b TIME OF INJURY 12c HOW INJURY/OCCURRED (Enter nature of injury in Part 1 ar Part 2, 1 HOUR A.M. Manth Day Year P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town	County State
Affer the Store of	While Nat while of work of wor	6 6 , that (I) (we) lost te and hour and from th
DE SE	22b SIGNATURE DEGREE PHYS. DIRECTOR STAFF DIRECTOR DIREC	arte signed 68
O HOSPITAL Page 4 may O FUNERAL I directar, pag	NAME (Type) William Newcomer, M.D. Mount Wilson, Maryland	(County) (State)
To Hoge To Fundirect Should	BURIAL (REMATION, BEHOVAL (Specify) 23b. DATE 68 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) Word 1 A WA Cem. 23d LOCATION (City or Town) Whereal Director Funeral Director ADDRESS. 25d. REGISTRAR 25b. REGISTRAR 25b. REGISTRAR'S	e, Md-
30M REV 1168	1/1/ (1/0=: 1	aris Judge



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Last 2n DATE OF DEATH DECEASED NAME First Middle 2b. HOUR deoth. puo Month (Type or print) ATHEY Gilbert Lane S DATE OF BIRTH 3 SEX 4 RACE 6 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7/27/57 Male White last birthday) 10 70 BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B MARRIED NEVER MARRIED The law requires that the deoth certificate be executed within 24 hau country) Baltimore WIDOWED [7] D-VORCED U.S.A. Maryland 11. NAME OF HOSPITAL OR INSTITUTION (if not in hospital 10 CITY OR TOWN OF DEATH 12a JSJAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR "Rosewood State Hosp. duting mgg of workgolde, even if ref red) INDUSTRY Owings Mills bath none 13a USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c, CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? odmission) STATE Md. 13b COUNTY Howard Simpsonville YES 114 Hunting Lane 15 MOTHER'S MAIDEN NAME First 14 FATHER'S NAME First M ddle tast M ddle Margaret O'Neill Galbert Athev Jeanne Roy 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Address Yes, na, ar unknown) (If yes give war ar dates of service) Rosewood Records, Owings Mills, Maryland none en en 18. CAUSE OF DEATH (Enter only one couse per line for, (g), (b), and (x)) PART I DEATH WAS CAUSED BY ö IMMEDIATE CAUSE (o) cremotion, DUE TO, OR AS A CONSEQUENCE OF signed by the buriol-tronsit Canditions, if any, which gave) rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying causes PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION—GIVEN IN PART 1(a) hos been 2014 Sever mental 196. CONDITION FOR WHICH DE RATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [7] NO T this certificate 21g. ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2 Hern 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f LOCATION Street of R.F.D. No. State City or Town County While Not while at work 22a. I certify that (19) (this hospital) attended the deceased from 11/21 , 19 67 , ta 4/22 , 19 68 , that (PF (we) last saw the deceased olive an 4/23 1968 , and that in (1974) (our) opinion death occurred on the date and hour and from the O FUNERAL DIRECTOR: After couses stated above, (1) (we) (dut) (dud)not) view the bady ofter death. 22b SIGNATURE 22c. DATE SIGNED ATTENDING 4/22/68 director, page 3 should be filed v DEGREE DIRECTOR PHYS Rosewood St. Hosp., Owings Mills, Md. NAME(Type) Richard A. Jones, M.D. 230 BURJAL, CREMATION, 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) (State) PENOVAL (Specify) Ceme 24 FUNERAL DIRECTO 2So RECD-BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4)

30M REV 1/68



MARYLAND STATE DEPARTMENT OF HEALTH

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 30M REV 1/6

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the Juneral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and director, page 3 should be diled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after act

ond

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

V.				Gentlin i Gri						
	DECEASED NAME First		Middle		Last		20 DATE OF			2b HOUR
	(Type or print) AGNES	R. B.	ACHMAN				Apr:	il Month 22, D	1968 or	915PM
3. :	SEX .	4 RACE		S	DATE OF BIRT	Н		6 AGE (In years	1F JNDER 1 YEAR	IF UNDER 24 HRS.
	Female	Whit	е		6/26/	1883		lost pirthdoy)	MONTHS DAYS	HOURS MAN
0.	BIRTHPLACE (State or foreign	76. CITIZEN OF WHA	T COUNTRY?	8 MARRIED	NEVER MARRI	ED 1	9. COUNTY OF	DEATH		
(8)	Maryland	USA		WIDOWED			Balt	cimore		Md
10.	CITY OR TOWN OF DEATH		NE OF HOSPITAL OR IN	STITUTION (If nat	in haspital	12a USUA	L OCCUPATION	(Kind of work done	125 KIND OF	BUSINESS OR
	Catonsville	give str	eet oddress) • Joseph	Ts Nur	rsing	during mo	st of working	lfe, even if retired Sewife	INDUSTRY	
130	USUAL RESIDENCE (Where decease	ed lived. 'E nstitution	n: Residence before	Mar CITY OR TO	W/N 13	d INSIGE CITY LIM		REET AND NUMBER		
adr	mission) STATE Md.	136 COUNTY Ba	Itimore	Fallst	con	YES NO	Ek 26	01 Harf	ord Rd	
14	FATHER'S NAME First	Middle	Lost	15. A	NOTHER'S MAIL	DEN NAME FI		Middle		Last
]	Edward R. Roa	ch		Ma	ary Ly	rnch				
16	WAS DECEASED EVER IN U.S. ARM		6b. SOCIAL SECURITY		ORMANT			Address		
	Yes, no, or unknown) (If yes give w	ar or dates of service)		Mr.	Johr	S.	Bachma	n-W-Sam	e	
	18. CAUSE OF DEATH (Enter onl	v one couse per line	for (a) (b) and (c)						APPROX.	MATE INTERVAL
	PART I. DEATH WAS CAUSED	BY.	W 000	1	7	2			BETWEEN	ONSET AND DEATH
	IMMEDIA	TE CAUSE (a)	A CONCEONENCE OF		/and					-
	Conditions, if any, which gove		A CONSEQUENCE OF							
	rise to immediate cause (a),	(b)	A CONCEDURACE OF							
	stating the underlying couse	Ť	A CONSEQUENCE OF							
	PART 2 OTHER SIGNIFICANT CON	(c)	MC TO DEATH BUT M	OT DELATED TO T	UE 7EDANIMAL A	DEFACE ODG	SUBITION CIVE	LIM DADT 1(a)		
	TAKT Z OTHER SIGNIFICANT CON	DITIONS CONTRIBUTE	NO TO DEATH BUT N	OI KELKIED TO I	HE VERTINANT I	NISERSE OREI	JADIIIOA GIVE	intracti(0)		
LON	190 DATE OF OPERATION 19b.	CONDITION FOR WHICH	H ODEDATION WAS DE	DEUDWED	20a. AUTOPS	V2	20h 1F	YES, WERE FINDINGS	CONSIDERED IN C	EDTIFYING
CERTIFICATION	THE DATE OF DECEMBER 110.5	CONDITION TOK HING	II OI LEANION WAS I C	RIVENED	YES 🗆	NO 🗀		OF DEATH?	CONSIDERED IN C	EKIII TINO
FRT	21a ACCIDENT WAS UNDERLYIN	G 21b. TIME OF I	MILIDY	21/ HOW			nature of inus	y in Part 1 or Part 2	Itam 19)	
		HOUR A.M.	Manth Day Year		INJUKT OCCU	KKED (EIHOF	narore as injus	y m rutt i of runt 2	, trem ta.j	
MEDICAL	(If either, natify medical examin	ner) P.M.	T WOULD EARLY STORY THOU	9 016 LOCA	T(0)) C			¥		Ch-4-
	While Nat while	PLACE OF INJURY (OFFICE BUILDING, ETC.	ZII, LUCA	IIIUM Street	OF K F D. NO	City	or Town	County	State
	at work at wark		1 1 4 1	16	0	10 4	71 to 1	2 0	0 (0 \$/)/	111 / 1 /
	22a. I certify that (I) (thi	s haspital) atten	ided the decease	ed from_/_	hat in Invi	(19 <u>2</u>	van daath a	3/1/2h, 1	y <u>Gy</u> , that	(I) (we) last
	causes stated above	(I) (we) (did) (c	lid nat) view the	bady after de	ath.	(uor) apri	mun ueum c	iccontect an rile t	Jule and noor	unu mont me
	22b. SIGNATURE		<) . ^				220	DATE SIGNED	
	Willes	front	near 1	DEGREE	ATTENDING PHYS.	M DI	ED. RECTOR	STAFF PHYS.	23 apr	63
	2'MA DIVYICAN'S	/	7		22e ADDRE	SS			-	
	NAME (Type) Dr. W	illiam (loodman.		13	34 S1	lohur	Spring	Rd	
230	BURIAL, CREMATION, 235 (DATE		CEMETERY OR CR		-		N (City ar Tawn)	(Caunty)	(State)
	Bendy Herrin 4	/25/68	St. J				Long	Green,	MBalto	Md.
24	FUNERAL DIRECTOR		ADDRESS		2	So. REC D BY	REGISTRAR	25b REGISTRAR		
I	eonard J. Ru	ck Inc.	Baltimo	re 232	14	APR S	2 5 196	B xuman	Medy you	7



MARYLAND STATE DEPARTMENT OF HEALTH VISION OF VITAL RECORDS, 301 W. PRESTON, STREET, BALTIMORE, MARYLAND 21201 FOR STATE 1 DECEASED-NAME 20 DATE KNOWN Year 2b. HOUR (Type or Print) OF ESTF # grrer DEATH MATED 1205 Pagi 3 SEX 6. AGE in years IE UNDER 24 HRS. 4 RACE S DATE OF BURTY'S YRS 7a B RTHPLACE (State or foreign MARRIED THEYER MARRIED 9 COUNTY OF DEATH UISIA WIDOWED DIVORCED [ID CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 120 USUAL OCCUPAT ON (Kind of work done 12b. KIND OF BUSINESS OR INDUSTRY during most of warking I fe, even if ret red) INSURDNOC (Where deceased lived, if institution Residence before 35 CITY 3d INSIDE CITY L MaTS? 13e STREET AND NUMBER 13b COUNTY land2 offer 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME Lost BAGR hours pages 16b. SOCIAL SECURITY NO. INFORMANT [I yes give was at dates at service) HAROLD 1 within 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b)_ond (c)) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if any, which gave rise to immediate cause (a). he ward DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause .⊆ PART 2 OTHER 5 GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 rsed CERTIFICATION 195. CONDITION FOR WHICH OPERATION 190. DATE OF OPERAT ON 20 AUTOPSY? WAS PERFORMED? 210 EXTERNAL CAUSE WAS 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18) 21b. TIME OF NJURY Month, Doy, Year 0 MEDICAL HOUR A.M PRIMARY OR CONTRIBUTING CAUSE OF DEATH 21d NJURY OCCURRED 21e PLACE OF N.JRY (At home, form, street, 211 LOCAT ON Street of R.F.D. No. City or Town County State factory, office building, etc.) NOT WHILE A AT WORK AT WORK FUNERAL DIRECTOR: 22a. I certify that I taok charge of the remains described above, held an Autopsy Inspection X, Inquiry and in my apinian death resulted fram. Natural causes Suicide Accident Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATORE Health NAME (Type) ADDRESS(Street, city, town or county) 23a BURIAL CREMATION 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 2So. REC D BY REG STRAR 25b REG STRARS SIGNATURE VR A15ME (5) 10M REV 1/68

with the same of t

	AND STATE DEPARTMENT OF H		%
DIVISION OF VITAL RECOR	S, 301 W. PRESTON STREET, BALT	MORE, MARYLAND 21201	A
05174	CERTIFICATE OF DEATH		11 17 4
ED-NAME First Middle	Lost	20. DATE OF DEATH	2b. HOUR
or print) THOMAS ARCH	ER BAILEY	Month Doy	1/6°8 12:50
4 RACE	S DATE OF BIRTH	6 AGE (In years	IF UNDER YEAR IF UNDER 24 HS
MALE Auc	1/16/1	895 last birthday) YRS.	MONTHS DAYS HOURS MI
PLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
XXXXXXXXXX USB	WIDOWED DIVORCED	BALTO	
		IL OCCUPAT ON (Kind of work done	12b. KIND OF BUSINESS OR
1500, Ind 21204 give street pddress)	Balt men Canter 100	xxxxxxxxx, Retired	INDUSTRY
DES DENCE (Where decored lived if netitution Decidence had			11 0
STATE Md. 136 COUNTY POSTER	Balto YES D NO	4413 marbl	e Hall Rd.
R'S NAME First Middle Los	15. MOTHER'S MAIDEN NAME F	rst Middle	Last
Thomas Bi	iley 1	niapy -	_
DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECUR	TY NO / 17 INFORMANT	Address	
or unknown) (If yes give war or dotes at service)	2531 PHILIENTSCH	AVI	
CAUSE OF DEATH (Enter only one cause per line for (a), (b), and	(0)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Res		ulure	PT VIEW GRISCY PARE DEVAILS
DUE TO, OR AS A CONSEQUENCE			
ditions, if ony, which gave)			
ta immediate cause (a),(
ing the augenving coast	acraming &	leeding	
T 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU		ONDITION GIVEN IN PART 1(a)	
< 1 V			

20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? NO 🔀 YES 🗀 210 ACCIDENT WAS UNDERLYING

216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING (CAUSE OF DEATH HOUR A.M. Month Doy P.M If either, notify medical examiner

21d INJURY OCCURRED 21e PLACE OF INJURY AT HOME, FARM, STREET, FACTORY 21f. LOCATION Street or R.F.D. No City or Town County

23c. NAME OF CEMETERY OR CREMATORY

Balto. Cem. **ADDRESS**

While Not while at wark at work L

22a. I certify that (I) (this hospital) attended the deceased fram 4 - 27, 1966, ta 4 - 28, 1966, that (I) (we) last saw the deceased alive an 4 - 28, 1968, and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated abave, (I) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS MED. DIRECTOR STAFF PHYS

DEGREE 22d. PHYSICIAN'S NAME (Type)

23b DATE

-1-1968

22e. ADDRESS 6 B MC

23d LOCATION (City or Town) (County) (Stote) Md. Balto. City,

250. REC D BY REGISTRAR 2Sb REGISTRAR'S 5 GNATURE

Page 4 may be retained by the haspital or attending physician.

O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filted to FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filted. director, page 3 shauld be detached far use as the should be filed with the State Dept. af Health priar ta VR A15 (4) 30M REV 1/68

PHYSICIAN: The law requires that the death certificate be managed within 24 haurs after death.

OR ATTENDING

burial, cremation, ar remayal, and in any event, within

REMOVA. (Specify) Burial 24. FUNERAL DIRECTOR

23a

BURIAL, CREMATION

DECEAS

(Type 3 SEX

70 BIRTH country)

10. CITY (104 130 USU/ admission 14. FATHE

16a WAS

18.

€o n rise stat

Vm. Cook-Brooks, Inc. 1217 St. Paul St. 21202

DATE APR 29

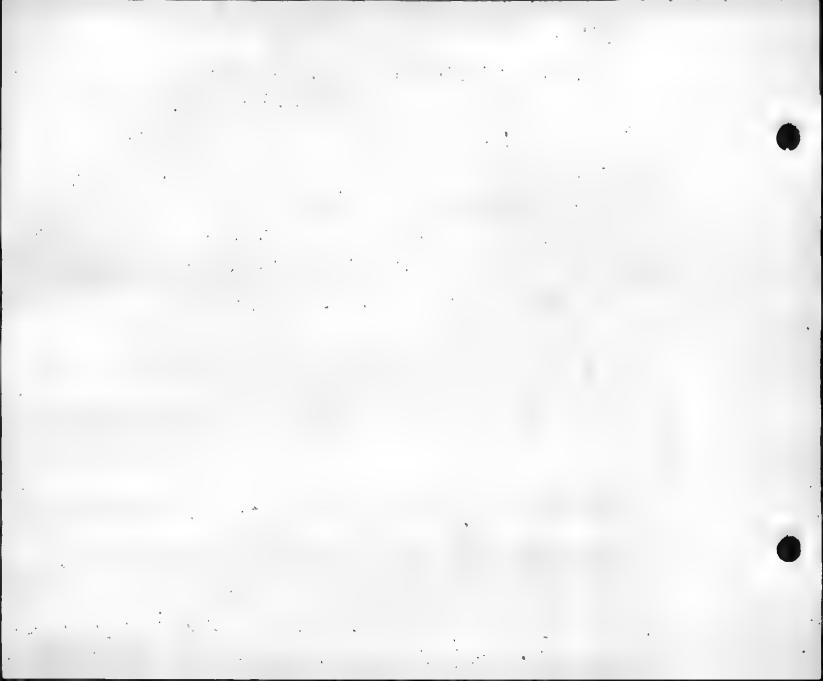
Miliarles Judge

State



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 951 DECEASED-NAME 2a DATE OF DEATH 2b. HOUR The law requires that the death certificate be executed within 24 haurs after death e la (Type or pont) AGE (In years last b riteay) 3 SEX 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR OAY5 HOURS physicial and campletely filled in by the MONTHS papers. Page 7a. BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 76 CITIZEN OF 8. MARRIED NEVER MARRIED country) WIDOWED [DIVORCED [within 72 10, CTY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (if not in hospital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street address during most of working life/ even if retired.) IND JETRA 13d. INSIDE CITY LIMES 13e STREET AND NUMBER 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before YES NO STATE 13b. COUNTY and in any 14 FATHER'S NAME First Middle IS MOTHER'S MAIDEN NAME First 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO Yes, no anunknown) (If yes give war ar dates of service) remaya 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) BETWEEN ONSET AND DEATH PART | DEATH WAS CAUSED BY ь IMMEDIATE CAUSE (a) crematian, DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave signed by the burial-transit p nse ta immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause burial, last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) far use as the b f Health priartab attending O FUNERAL DIRECTOR: After this certificate has been 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🗔 NO 14 4 may be retained by the hospital ar 21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. detached 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Nat while at wark OR ATTENDING 22a. I certify that (I) (this haspital) attended the deceased fram_ 19.6 0. ta ě 196 8, and that in (my) (aur) apinian death occurred an the date and haur and fram the saw the deceased alive andirector, page 3 shauld shauld be filed with the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b SIGNATUR 22c DATE SIGNED DEGREE DIRECTOR 22d. PHYSICIAN S NAME (Type) 23a BUR AL, CREMATION, 23b. DATE 23d LOCATION (City of Jawn) (County) REMOVAL (Specify) respyterian REGISTRAR'S S GNATURE 24. FUNERAL DIRECTOR VR A15 (4) DATE APR 30M REV, 1/68

MARYLAND STATE DEPARTMENT OF HEALTH



- 16						
		CEASED NAME First Middle	Lost 2a	. DATE OF DEATH		HOUR
П	(1)	pe or print) Howard Clifton Ba	rker	Month 1 Pay	68 4	a M
ŀ	SE	4 RACE	S. DATE OF BIRTH	6 AGE (+n years	IF UNDER 1 YEAR F JNOER	
		Male White		lost birthday) A	IONTHS DAYS HOURS	MiN
}	7. D			OUNTY OF DEATH		
ď	ra. b coun	TY) AA I I C A	NEVER MAKKIED	Palli		
L		MARY AND U. S. A WIDOWED		DAITIMORE		Md
- [1		TY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If in give street address)	of in hospitol 120. USUAL OCC	(UPATION (Kind of work done warking life, even if retired)	126, KIND OF BUSINESS INDUSTRY	OR
L	K	andalistown Charl Hill Nu	sing Hone Con	ductor	Transi	1-
	30	JSUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR		13e. STREET AND NUMBER		
Ľ	igmi:	sion) STATE Md. 13b. COUNTY CAFFOIL SYKE	SVI/le YES NO 12	Koute 2		
ı	4. E	ATHER'S NAME First Middle Last 15	. MOTHER'S MA DEN NAME First	Middle	Last	
1		TERATIONAL BARKER	Unknown	/		
t	160.	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17.	NFORMANT	Address		
ı	Yı	is, no ortunknown) (If yos give war ardates of service) 213-10-1136	MRS. Beatrice S	Scott Sykes	Ville Md	
ŀ			THE PLANT OF THE PARTY OF THE P	7/10	APPROXIMATE NTER	YAL
ı	-1	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c).) PART I, DEATH WAS CAUSED BY.			BETWEEN ONSET AND D	DEATH
П	- 1	IMMEDIATE CAUSE (a) MULTIPLE MYCLO	ma		1 yr	
1		DUE TO, OR AS A CONSEQUENCE OF				
	- 1	Canditions, if any, which gave its talm mediate cause (a). (b).				
1		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF				
1		last, (t)				
1		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE OR CONDIT	TION GIVEN IN PART I(o)		
1	_					
1	CERTIFICATION	19a, DATE OF OPERATION 19b, CONDITION FOR WHICH OPERATION WAS PERFORMED	20a, AUTOPSY?	20b IF YES, WERE FINDINGS COI	ISIDERED IN CERTIFYING	3
d	3		YES NO R	CAUSES OF DEATH?		
1	E	210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. H	OW INJURY OCCURRED (Enter notu	re of injury in Part 1 or Part 2, Ite	m 18.)	
1	3	TOR CONTRIBUTING CAUSE OF DEATH HOUR A.M Month Day Year				
П	MEDICAL	(If either, notify medical examiner) P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM STREET, FACTORY, 1, 2) F. L(CATION Carest or D.S.D. No.	City or Town	County S	tote
1		While Not while Not while T	CATION SHEET OF K.T.D. NO	City of 10Wil	COUNTY 3	1010
1		at work — at work —	12 Er 20 10 65	40 (mmi) 16106	8 4 (0.1	5.1
1		22a. I certify that (I) (this haspital) attended the deceased from saw the deceased alive an April 1968, an	that in (my) (aux) aninian	, 10 April 1 1 130190	<u>o</u> , that (I) (w	e) lost
1		couses stoted obove, (I) (we) (did) (did not) view the body after	zeath.	Geath occurred on the doll	e ona neur ena iro	om me
1		22b SIGNATURE	/	I 22c. D/	TE SIGNED	
1	_	poor to Alexander his	ATTENDING MED DIRECTO	STAFF CD //	- 17-68	2-
П		22d. PHYS CIANS	22e ADDRESS	OK - F183 F	11 40	
1		NAME (Type) Naci N. Buyukunsal, M.D.		ad, Sykesvil	le. Md.	
	12.	BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR		LOCATION (City or Town)		N 191 -
	130	DEMONIAL (Co., L.)		LOCATION (CITY OF TOWN)	(County) (State	11/4
1	OL	The June of the Ju	250. REC'D BY REG	GISTRAR 2Sb. REGISTRAR'S S	CHICOTTY (144
	24.6	ABONE YIL XUINGE GALLOWES	250. RECD BY REG		ALAGO SALAGO	f

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remaye carban papers. Pages of and a should be filed with the State Dept. of Health priar to burial, crematian, or remayal, and in any event, within 72 haurs after deet 30M REV 1 68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

05181

~ 87 2		1. DE	CEASED NAME	First	Middle	_ Last		20 DATE OF DEATH		2b. HOUR
でする		(1	ype or pnnt)	1/2012		R	. /	Month	Doy Year	_ M
是尸地		3 SE	· · · · ·	4 RACE		IS DATE OF BI	DYU	6 AGE (In year	I IF UNDER > YEAR	IF UNDER 24 HRS
2		3 30	9	/ KACL	L			188-5 lost birthday)	MONTHS DAYS	HOURS MIN.
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in by the firence Page 12 pager 2	•	77o E coun	BIRTHPLACE (State or foreign	gn 7b. CITIZEN OF WHA	/3	ARRIED 🔲 NEYER MAR	KIEU	COUNTY OF DEATH		
ely filled in ban papers. within 72 kg		500	"" md.	(w)	W	DOWED DIVOR	CED 🔲	Baltime	ore-	Md
Pag III		10. 0	ITY OR TOWN OF DEATH		NE OF HOSPITAL OR INSTITUT	ION (if not in jrospital		OCCUPATION (Kind of work a	done 12b KIND OF	BUSINESS OR
A HA		1	Cockeusr	give sti	vetaddress) by	and Hama	during/most	of work ng life, even if retir	red) IMDUSTRY	
and campletely remave carban nany event, wit	^			deceased lived, if institution	Residence before \$13r		138 INS DE CITY LIMITS	1/SR WITE. 130 STREET AND NUMBER	60 0	
ve car event,	,		ssion) STATE	13b. COUNTY	w/ r.		YES NO	7 20 7 - 0	. 101	
ave y			/// 9	1		nnapolis		- XX ///WW.	(01) 1)d.	
ician and college rema		14	ATHER'S NAME First	Middle	Last	MOTHERS M	AIDEN NAME First	Cloudand	He A	Lost
n a			tesa	110	WILSON		Lan	e tota	ta ATT	tan
please C and I			WAS DECRASED EVER IN		166. SOCIAL SECURITY NO	17 INFORMANT	0	Addr	ess 1	("
at,		,	es, no, or Unknown) (1)	yes give war or dates of service)	215-56-5423-}	1 Records	of me	masonid A	tome Cac	skeusville
the attending physician and campletely usit permit. Then please remave carbar matian, ar remaval, and in any event, wi			18 CAUSE OF DEATH (F	nter only one couse per line	for lov (t) and (c)		0	1	APPROXI	MATE INTEVAL MISET AND DEATH
e Giri			PART 1. DEATH WAS	CAUSED BY.	1.000	al ant	and the	En silke	SCHOOL S	MISCI AND SEATS
attendi permit. Ian, ar r			, 1	MMEDIATE CAUSE (o)	y cour	at cover	Ny ICM	- John John	MANIE	
pel					A CONSEQUENCE OF	: 1.ta	11.11	1	~	
the nat			Conditions, if any, which rise to immediate cous		18	rows 1	leu	lly		
by the attribution transit per crematian,			stating the underlying		A CONSEQUENCE OF					
77			lost.							
signed by the burial transit burial, cremat			PART 2. OTHER SIGNIFICA	ANT CONDITIONS CONTRIBUTI	NG TO DEATH BUT NOT RE	LATED TO THE TERMINA	L DISEASE OR CON	DITION GIVEN IN PART 1(a)		
		_	760 X							
er this certificate has been e detached far use as the ate Dept. af Health priar ta		CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR WHIC	H OPERATION WAS PERFOR	MED 20a AUTO	PSY?	206 IF YES, WERE FINDS	INGS CONSIDERED IN CE	ERTIFYING
50 E	V	FICA				YES 🗆		CAUSES OF DEATH?		
use use		ERTI	21g. ACCIDENT WAS UND	DERLYING 216 TIME OF	INILIDA			oture of injury in Port 1 or Pi	ant O. Harry 18)	
Far He			OR CONTRIBUTING CAJS	B. C. 1111.0. C.	Manth Day Year	ZIC HOW INJUKE OCC	OKKED (EINS) 31	otore or injury in rost 4 or ri	JEL Z, THEIRE TO }	
A P P		MEDICAL	(If either, notify medical	examiner) P.M.	19					
this cert detached e Dept. a		2	2 d HNJURY OCCURRED While Not while	21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, DEPICE BUILDING, ETC.	21f LOCATION Stree	t or R.F.D No.	City or Town	County	State
e de fri			at work of wark					- 1 0-	15	
ECTOR: After this ce 3 shauld be detache with the State Dept.			22a certify that /	(I) (this haspital) after sed alive on	ided the deceased fr	om/TUM	, 19 <i>6</i> 3	_, to 10 150	19 <u>60</u> , that	(I) (we) last
d b			saw the decea	sed alive on A	20 196	2, and that in (m	γ) (ουτ) αριπιι	an death accurred on th	nedate and haur	and fram the
8 8 4			causes stated	abave, (l) (wa) (did) (d	tid not) view the body	atter death.	6-AM	1. X/30/6	0 -	
日本			226. SIGNATURE	2 1 //	1_ //	ATTENDI	IG - MED	STAFE	21 DATE SIGNED	G
L DIR			70	rushing 17	aux M'	DEGREE PHYS	DIRE	CTOR STAFF PHYS.	715016	8
AL DIS page e filed			22d PHYSICIAN'S	-111	10	22e. ADD	PESS 12 134 1	01 1/11/10	,	
ERA T. I	-		NAME (Type)	18M1/12) KHAUL	50. 19	14 010	C/70/462		
J FUNERAL DIRECTOR: After director, page 3 should be should be filed with the St	YN	230	BUR AL, CREMATION,	23b. DATE	23c. NAME OF CEME	TERY OR CREMATORY		23d LOCATION (City or Town)	(County)	(Stote)
产 等積	X	T	REMOVAL (Specify)	5/2/68		r Bluff		Annapolis,		1 /
× 1		24	FUNERAL DIRECTOR CO				25o, REC'D BY	REGISTRAR LAWNER ST	TRANSPIGNATURES	() d 4 2
VR A15	(4) 1768	KNT-	Cooler D	12 Balt. Nat	Inc Ralt M	d 21228	DATE M	AY 6 1968	James	And the same

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.



MARYLAND STATE DEPARTMENT OF HEALTH

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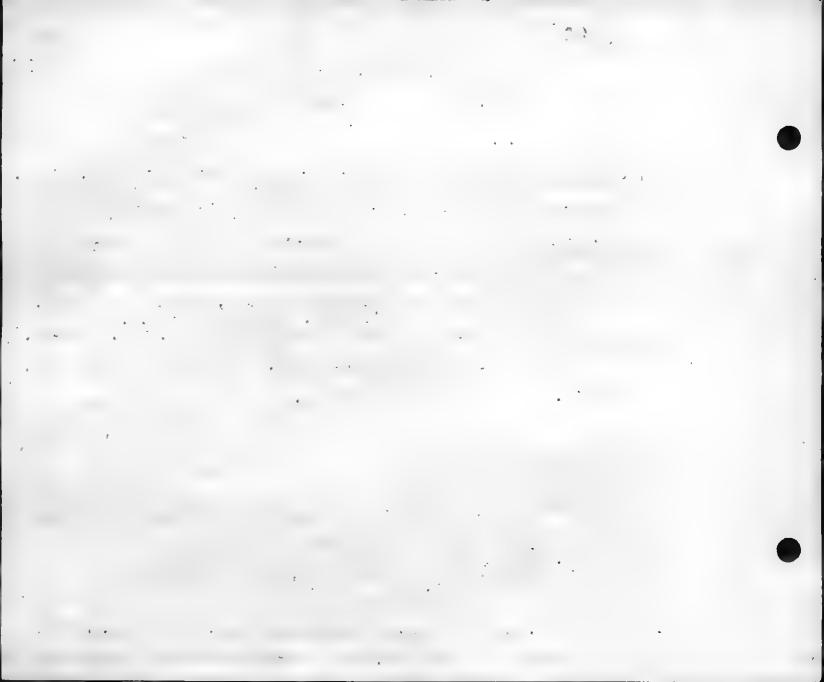
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fur director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 shauld be filed with the State Dept. of Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs after

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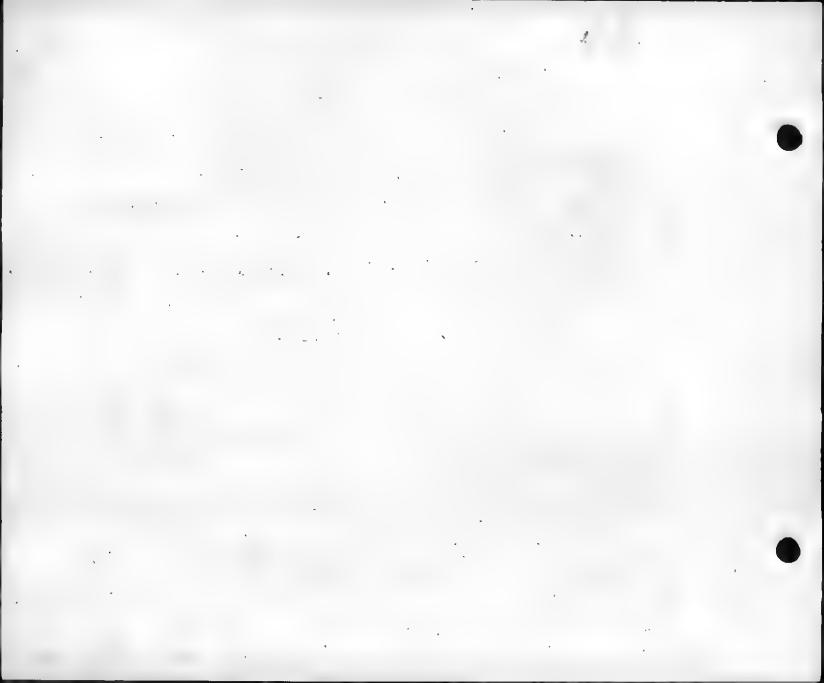
TO NOSTITUTE OR ATTENDING PHYTICIAN: The law requires that the death certificate be executed within 24 llours after Page 4 may be retained by the haspital or attending physician

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	001	(1)			ERTIF	CATE OF	DEATH					133
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1	Type or print)	Ellis		L.		Beavin		Apri	1 Month	4, Doy	1968	11:49
3. 5	EX		4 RACE			S. DATE OF E	BIRTH		6. AGE (n	years	1F JNDER 1 YEAR	IF UNDER 24 HRS.
	Male		Whi	ite		1/29/	02		iost birtho	YRS.	MONTHS QAYS	HOURS MIN
70	BIRTHPLACE (State or for	reign 7b	CITIZEN OF WHAT	COUNTRY?	8. MARRIE	D A NEVER MA	RRIED 9.	COUNTY OF	DEATH			
(00	Maryland	l	U.S.		WIDOWE		RCED 🗍	В	altim	ore		Me
18	CITY OR TOWN OF DEATH	Н		OF HOSPITAL OR INS				OCCUPATION			12b KIND OF	BUSINESS OR
Ic:	tonsville		give Street	et oddress) oring Gro	ve St	ate Hos	pital mos	letter	ar &	refired.} grain	INDUSTRY US	Govit.
13o	USUAL RESIDENCE (Whe	ere deceased	lived, if institution				3d INSIDE CTY JIME	TS? 13e 5TI	REET AND NE			
000	ission) STATE Marv	rland	Apple Ar	nundel U	Anna	oolis	YES NO	16	Woodl:	awn A	venue	
14.	FATHER'S NAME Fir	st	Middle	Lost		15 MOTHER'S N	AIDEN NAME Firs	st		Middle		Last
L	Elmo	0	Be	avin			Lula				Scott	
160	. WAS DECEASED EVER IN Yes, no, or unknown)	U.S. ARMED	FORCES? 16	B SOCIAL SECURITY N	0. 17	INFORMANT			1	Address		
L	res, no, or orient			213-30-0	689	Records	: Sprin	g Grov	e Sta	te Ho	spital	
	18. CAUSE OF DEATH											MATE INTERVAL DISET AND DEATH
	PART + DEATH W	IWWEDIATE A2 CAUSED R.	CAUSE (a) TIY	cardial	Ini	arcti	on, acu	ite, c	leath	,	2	hrs.
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gse to immediate cause (a).											yrs.	
	stoting the underlyin			CONSEQUENCE OF								
П	last	,		erioscl							10	yrs.
П	PART 2 OTHER SIGNIF		<u> </u>					NDITION GIVE	I IN PART 1(o)		
NO.	Pneumon			OPERATION WAS PER		1prove		look ar	VEC MIERE F	THININGS SO	NSIDERED IN C	EBRIEVING
CERTIFICATION	19a. DATE OF OPERATION	N 140 COL	IDITION FOR WHICH	OPERATION WAS PER	TURMED				OF DEATH?	INDINGS EO	יא עזאזעונאיי נ	EKTIFTING
ERTI	210 ACCIDENT WAS U	INDEDIVING	21b. TIME OF IN	HIIDV	97.	YES _	COURRED (Enter r	antino of initia	Dovi 1	ar Dare A N	101	
	OR CONTRIBUTING C	AUSE OF DEATH	HOUR A.M.	Manth Day Year	210.	HOW INJUNT OF	CORKED (EIIIGI)	norme or with	y III FOIL L	UI FURI Z, II	em to.j	
MEDICAL	(If either, notify medic 21d, INJURY OCCURRE			HOME FARM STREET FAC		LOCATION Star	et er D.F.D. No.	City	or Town		County	Stote
~	While Not while of work	7 216. 75	OF	HOME, FARM, STREET, FAC FICE BUILDING, ETC.	1 211	EOCATION SIR	er or k r.D. Mu	Cit	DI IOWS		COUNTY	31016
П	220 certify the	tVI) /this l	ansortal) attanc	and the decense	d from	11/27/	19 6	ol to le	/)1/	19	68 that	(I) (wa) las
П	220. I certify that saw the dec	eased alive	on 4,	4/10 decesso	9 <u>66</u> , c	nd that in (n	ny) (olir) apını	ion deoth o	ccurred a	n the dat	e ond hour	and from the
П	causes state	d above, () (we) (did) (di	id not) view the l	ody afte	r death						
	22b. SIGNATURE	1-1		///		ATTEND	ING - ME	0 —	STAFF _	220 0	ATE SIGNED	
	110	ALL	1. 189 JAN	116600	DE	GREE PHYS		ECTOR L	PHYS L	الـ		
	22d. PHYSICIAN'S NAME (Type)	Anthon	J. You	ng, M.D.		²² s AD	ring Gro	ove Sta	ate Ho	spita	1	
	BURIAL, CREMATION,	23b. DAT	E	23c NAME OF	EMETERY (R CREMATORY		23d LOCATIO	N (City or To	own)	(County)	(Stote)
	Burial (Specify)	Apr	6.196	8 Cedar	Bluf	f Cemet	erv		napol	is	A.A.	Md
24	FUNERAL DIRECTOR	•	Deres	ADDRESS	Parce		2So REC'D BY	REGISTRAR	25b. RF	GISTRAR'S		Jak.
H	OPPING FUN	ERAL H	OME - An	napolis/	Md 1		DATEAPR	8 - 19	68	Helian	HOD Y	a.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Last 2o. DATE OF DEATH DECEASED-NAME Middle requires that the death certificate be executed within 24 haurs ofter death Month 4 (Type or print) SECKEY navina S DATE OF BIRTH IF UNCER! YEAR LE UNDER 24 HRS 4. RACE 3 SEX 6. AGE (In years MONTHS OAYS lost birthday) 5-29-83 9. COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? 70 BIRTHPLACE (State or foreign 8. MARRIED [] NEVER MARRIED [] Baltimore country) USA physician and campletely filled in papers WIDOWED DIVORCED within 72 Y many 13 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a, USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR 10 CITY OR TOWN OF DEATH give street oddress) during most of working life, even if retired) Garrison please remave carbon one event, 3rt INSFOR CITY LIMITS? 3e, STREET AND NUMBER 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN admission) STATE 13b COUNTY YES NO and in any 14. FATHERS NAME Middle IS MOTHER'S MAIDEN NAME First Last (DE079 cken 16b SOCIAL SECURITY NO 17 INFORMAN 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 5524 inwood Robin [If yes give wor or dates of service] Yes, no. or unknown) signed by the attending physi burial-transit permit. Then pl burial, crematian, or removal, 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)). BETWEEN DISSET AND GEATH PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF by the haspital ar attending physician. stating the underlying couses PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the priarta! O FUNERAL DIRECTOR: After this certificate has been 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19h, CONDIT ON FOR WHICH OPERATION WAS PERFORMED 20o AUTOPSY? CAUSES OF DEATH? YES 🗍 NO I Health 1 21a, ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) ATTENDING PHYSICIAN: OR CONTRIBUTING CAUSE OF OFATH HOUR A.M. Month Doy Year P.M (If either, natify medical examiner) (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street of R.F.D. No. State 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County White Not while at wark . 19 68 , that((I)/(we) lost 1965, to 4-3 220. I certify that (I) (this hospital) attended the deceased from __19 🕳 , and that in(my) our) opinion death occurred on the date and hour and from the saw the deceased olive on O HOSPITAL OR ATTEND Page 4 may be retained director, page 3 shauld shauld be filed with the causes stated above, (1) (we) (did) (did not) view the body ofter death. 22c. DATE SIGNED 22b. SIGNATURE MED DIRECTOR ATTENDING STAFF PHYS DEGREE PHYS 22e ADDRESS 22d PHYSIC, AN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230 BURIAL, CREMATION, 23b. DATE REMOVAL (Specify) Loudon Park Baltimore 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ANSBURY Windsoffs Mill Rd. 2So REC'D BY REGISTRAR DATE



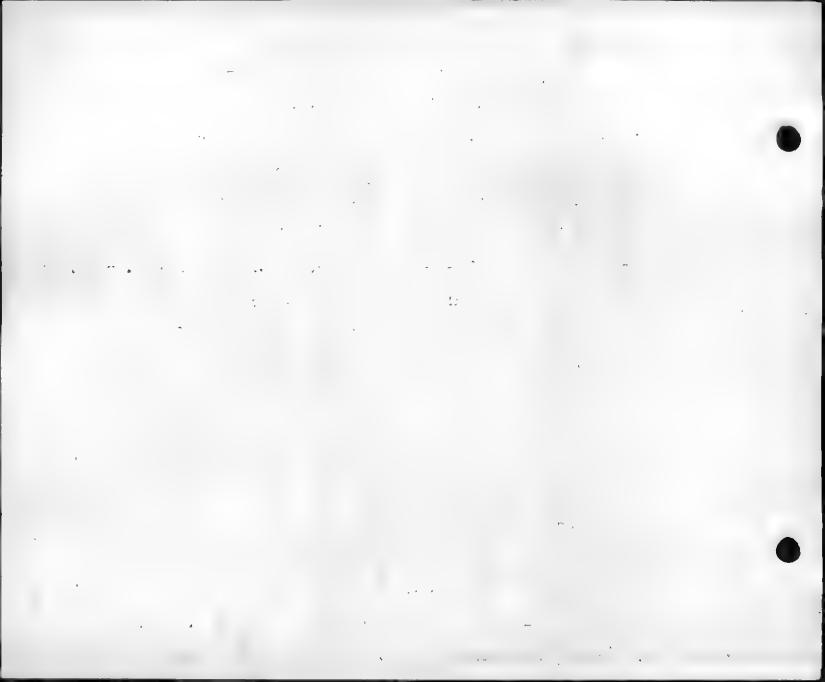
		35180	DIVISION OF VITA			ATE OF		MURE, MAI	RYLAND 2120	1	- q ×	34
		CEASED-NAME First ype or print) Rudol	ph August	Middle Bender		Last		20 DATE OF 4-306		Day	Year	2b. HOUR
	3 SE	M	4 RACE Cauc.			s. date of B Sep	t. 13,	1882	6 AGE (In years lags birthday)	YRS.		F UNDER 24 HRS. HOURS MIN
	7a. B coun	BIRTHPLACE (State or foreign stry) Germany	76 CITIZEN OF WHAT CO UZS/A.	DUNTRY?	8 MARRIED WIDOWED	NEVER MAI	KIKUTU I I	COUNTY OF Baltim				Md
	10. C	Tows on	11, NAME O give street	FHOSPITAL OR INS address) 820	titution(Ifn 4Carrb	ot in hospital ridge			(Kind af wark d life, even if retiri		25. KIND OF BUINDUSTRY	JSINESS OR
	13a odma	USUAL RESIDENCE (Where decease ssion) STATE Md.	d lived, if institution R 135 COUNTY Bal	esidence befare timore	13c CITY OR Tows		3d INSIDE CITY JAM YES NO		REET AND NUMBER	R		
,	14. F	ATHERS NAME August Be	nder Middle	Last	15	. MOTHERS M E I I	AIDEN NAME Fir zabeth	st ?	Middl			Lost
		WAS DECEASED EVER IN U.S. ARMI es, no. pquoknown) (If yes give wo		SOCIAL SECURITY N 34-03-65		NFORMANT Eliza	beth A.	Bleck	Addre az,8204			Circl
		1B. CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED IMMEDIATED				- /NI	-Aren	2N			BETWEEN DNS	ET AND DEATH
		Canditians, if any, which gave)	DIE TO OR AS A C	COPE N	ARY	HEAR	27 D	ISEAS	SE		YEA1	25
		stating the underlying cause lost.	DUE TO, OR AS A C									
	NC	PART 2 OTHER SIGNIFICANT CONF	OTTIONS CONTRIBUTING	TO DEATH BUT NO	OT RELATED TO	THE TERMINA	IL DISEASE ORCO		,,,			
Х	CERTIFICATION		ONDITION FOR WHICH O			20a. AUTO YES	NO 🗆	CAUSES	YES, WERE FIND!! OF DEATH?			TIFYING
	MEDICAL CE	21a ACCIDENT WAS UNDERLYING or contributing cause of Death (If either, natify medical examina	HOUR A.M. Mo	inth Day Year 19		OW INJURY OC	CURRED (Enter	nature of injus	y in Part 1 or Pa	rî 2, Item	18.)	
		21d. INJURY OCCURRED 21e. I While Not while at work	PLACE OF INJURY (AT HO DEFICE	ME, FARM, STREET, FAC E BUILDING, ETC.	TDRY.) 21f. LC	CATION Stre	et or RFD No.	City	ar Town	((γένιο	State
		22a. I certify that (1) (this saw the deceased all causes stated abave,	ve on3 /	26	9.62 and	d that in (c death.		Z, ta <u>4</u> ian death a	accurred an th	e date d		nd from the
,		22b SIGNATURE Davold	Z. Som	wille	MD EGR		PA Dil	D RECTOR	STAFF PHYS.	22c DATE	SIGNED 1/68	>
)		PHYSICIAN'S DONAC,		MERUILL			W. CA.		ופצאטך		2/2 CI	
			ATE -3-1968			CREMATORY .11Ceme		Tow	on (City ar Tawn)	212		(State)
		FUNERAL DIRECTOR Wm. Cook-Brooks	Towson. 7	ADDRESS	Md. 21	204	2Sq REC'D BY	REGISTRAR	25b REGISTI		NATURE S	udge.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by director, page 3 should be detached for use as the burial-trans t permit. Then please remove carbon papers. Proceedised tiled with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 hours. VR A15 (4) 30M REV 1/68

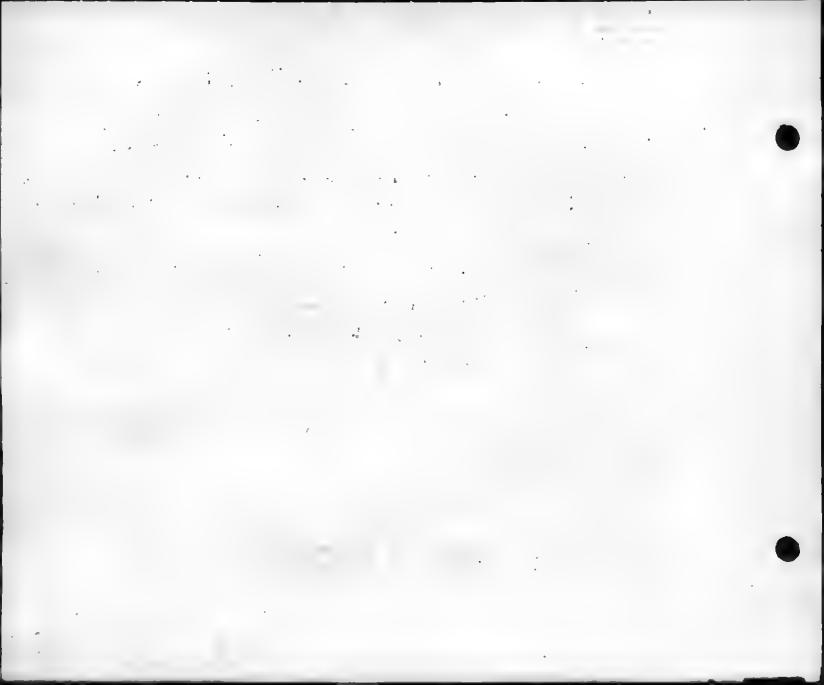
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10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with: Page 4 may be retained by the hospital or attending physician.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED NAME Middle First Lost 20 DATE OF DEATH 2b. HOUR (Type or print) Month dwar 4 RACE 3 SEX S DATE OF BIRTH IF UNDER YEAR 6 AGE (In years IF UNDER 24 HRS lost_birthdoy) MONTHS DAYS 0 YRS within 72 hours requires that the death certificate be executed within 24 hour 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) physician and completely filled in papers. City & Vonida WIDOWED DIVORCED CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of working the, even if retired) remave carban axical event, 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before CITY OR TOWN 3d LNS-DE CTTY JIMITS? 13e STREET AND NUMBER odm-ssion) STATE 13b. COUNTY and in any 14 FATHER'S NAME Middle Last 1S. MOTHER S. MAIDEN NAME First Middle please 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT Address!= Yes, no, or unknown) (il yes give war or dates of service) 216-07-137 remaya APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY 5 IMMEDIATE CAUSE (o) cremation, signal by the Conditions, if any, which gave) rise to immediate couse (o). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse physician burial PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) as the priar tal Page 4 may be retained by the hospital ar attending O FUNERAL DIRECTOR: After this certificate has bein CERTIFICATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED .90. DATE OF OPERATION 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO [for use State Dept. af Health 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Yeor P.M. (If either, notify medical examiner) detached 21d INJURY OCCURRED / AT HOME, FARM, STREET, FACTORY, 21F LOCATION Street of R.F.D. No. 21e. PLACE OF INJURY City or Town County State While Not while of work 220. I certify that (I) (this hospital) attended the deceased from. pe saw the deceased alive anand that in (my) (our) opinion death occurred on the date and haur and from the shauld causes stated above, (I) (we) (did) (did not) view the bady after death 22b. SIGNATURE 22c DATE SIGNED STAFF PHYS. PHYS DIRECTOR 22d. PHYSICIAN S 22e. ADDRESS NAME (Type) director, 23o. BURIAL, CREMATION, CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOYAL (Specify) Burlia 24. FUNERAL-DIRECTOR 2Sb REGISTRAR'S SIGNATURE VR A 3 (4) 30M REV 1/68 1968



MARYLAND STATE DEPARTMENT OF HEALTH							
14	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201						
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	2 €1					
HEALTH DELT	I. DECEASED NAME First Middle Lost 2a. DATE KNOWN A Month Di (Type or Print) OF ESTI-	ay Year 2b HOUR					
Poge ent	(Type or Print) Henry J. Beran OF ESTI- Aprill	8, 1968					
delay and 3 M3 Poo fment	3 SEX 4 RACE S. DATE OF BIRTH 6 AGE (In years 15 UNDER 1 YEAR 15 UNDER 24 HRS 2c. DATE PRONOUNCED DEAD 1001 UND	2d. BOUR					
ny del p., and PM3 artme	Male White June 8, 1912 55 YRS MONTHS DAYS MOURS MIN Month April Doy 18	Yeor 168 102CM					
2,2	7a. BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY, OF DEATH						
es 1 farm te D	Country) Maryland USA WIDOWED DIVORCED Baltimore	Me					
ter death ny delay Give Pages 1, 2, and 3 ang with farm PM3 Po https://www.bman.com/pman.com/		KIND OF BUSINESS OR					
offer death a. Give Paginanana with the Staleath.	Essex gve sperial Thompson Blvd during nos of working life, even if refired.	eth. Steel					
fe and of the feet	130 SUAL RES DENCE (Where deceosed lived, if institution. Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	, ,					
S = 1 2 P. /	admiss on) STATE Maryland 136 COUNBaltimone Essex YES NO 12 954 Thompson Bl	.vd.					
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d be executed d "pending" in Chief Medicol E. transit permit. E transit permit. E y event within	PART DEATH WAS CAUSED BY 17-3-C-V-DISEAS-C						
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la be ex rd "pena Chief M transit p	Canditions, if any, which gave						
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te, writing farward farward contemporal.	190 DATE OF OPERATION 96 CONDITION FOR WHICH OPERATION	20 AUTOPSY?					
N 0 - W 0 V	190 DATE OF OPERATION 9b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 210 EXTERNAL CAUSE WAS 21b T ME OF INTURY Month, Doy, Yeo 21c HOW INJURY OCCURRED (Enter nature of injury in Part I or Part 2, Item	YES NO					
T 52 4 10 10	210 EXTERNAL CAUSE WAS 21b T ME OF INTURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item	1B.)					
shavid files. 3 shav antian,	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street) 21f LOCATION, Street or R.F.D. No. City or Town						
she she as a state of the state	factors office building and	County State					
ical Examiner: execute the cert or. Page 4 should for your files. cror: Page 3 should burial, crematian,	WHILE NOT WHILE factory, office building, etc.) AT WORK AT WORK	,					
Page Page (al.,)	22a. I certify that I taak charge of the remains described above, held an Autopsy , Inspect on Inquiry	and in my apinian					
E Care e C	death resulted fram: Natural causes [], Acquent [], / Suicide [], Hamicide [], Undetermined manner	1 ′ ′					
please of larectal rectal rect	CHIEF MEDICAL EXAMINER						
	SIGNATURE MD ASSISTANT MEDICAL EXAMINER 226 DATE SIG	ENED					
ssary, funeral ay be a print the pri	EXAMINER'S ON DEPUTY MED CAL EXAMINER P 4-	19-68					
o DEPUTY necessary, pleas the funeral dree s may be retain o FUNERAL DIR Health prior to	NAME (Type) / ELVIN D. DAYIS, M.D. ADDRESS(Street, city, town, or county) 800 MORENI.	NGTON RD					
necessory, the funer 5 may be 10 FUNERA Health pr	230 BUR AL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Ci	ounty) (State)					
9	(remation April 20, 1968 Green Mount (rematory Baltimore, Man	uland					
A. A	24 EUNERS DIRECTOR ADDRESS 250. REGISTRAR 256. REGISTRAR'S SIG	MATURE					
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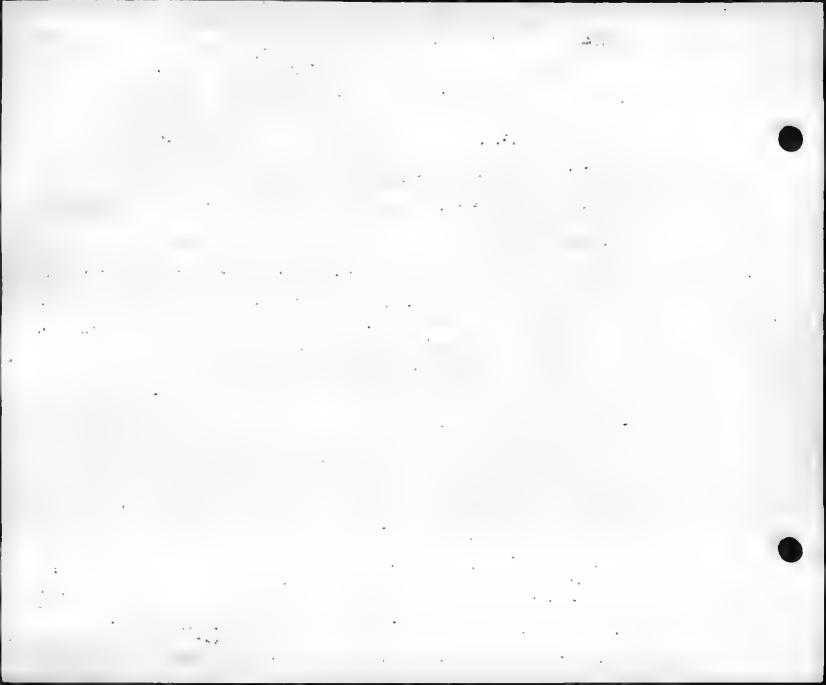
WARTLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME M.ddle Last First 2g, DATE OF DEATH 2b. HOUR requires that the leath certificate be executed within 24 Arams after death. April Month 9 Day 68 Year (Type or print) E. Bethke Laura 3 SEX 4. RACE S. DATE OF RIRTH 6. AGE (In years IF LINDER 24 MRS lost birthoay) White Female July 25. 1887 and completely filled in by 7o BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED NEVER MARRIED Maryland Baltimore USA WIDOWED 2 DIVORCED [10 CITY OR TOWN OF DEATH It NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12h KIND OF BUSINESS OR INDUSTRY None during mast of working life, even fretired) Catonsville Hursing Home 13a USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 3d. UNSIDE CITY LIMITS? 13e. STREET AND NUMBER Maryland 13h COUNTY Baltimore YES 402 N. Athol Ave. remove in any 14. FATHER S NAME First Lost 15. MOTHER'S MAIDEN NAME First Middle Last Louis Rever Ella Francis Gibson please 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Yes no ar unknown) (If yes give wor or dates of service) or removol, 212.07.9910 | Nursing Home Records, Catonsville signed by the attending burial-transit permit. Th 1B CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND GEATH PART I. DEATH WAS CAUSED BY: ORGNA IMMEDIATE CAUSE (a) cremofian, DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) os the prior to 1 O FUNERAL DIRECTOR: After this certificate has been 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 19g. DATE OF OPERATION 20a. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🖂 NO I 21g ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year P.M. (If either, natify medical examiner) / AT HOME, FARM STREET FACTORY, \$\ 21f. LOCATION Street or R. F. D. No. 21d. INHARY OCCURRED 21e PLACE OF INJURY County State City or Town While Nat while at wark 22a I certify that (1) (this haspital) attended the deceased fram 1946, 1968, ta 4/9, 1965, that (1) (we) last saw the deceased alive an 1968, and that in (my) (aur) apinian death occurred an the date and haur and fram the causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** DEGREE director, page should be filed PHYS. DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23a. BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) Baltimore, Badt Lorraine Park 24 FUNERAL DIRECTOR ADDRESS
J.T. Stansbury 6411 Windsor Mill 250 RECORD REGISTRAN 968 25b. RECISTRAR'S SIGN

VR A15 (4) 30M REV. 1/68



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

35.84 CERTIFICATE OF DEATH SR. | 20 DATE OF DEATH Middle DECEASED-NAME The low requires that the death certificate be executed within 24 haurs after death EF (Type or print) 3. SEX 4 RACE F JHDER 24 HP AGE (in years last birthday) MONTHS 7b. CITIZEN OF WHAT COUNTRY? 70 BIRTHPLACE (State or foreign 9. COUNTY OF DEATH MARRIED NEVER MARRIED signed by the ottending physician and completely filled in burial-transit permit. Then please remove corban papers. and in ony event, within 72 h country) Maryland U.S.A. Baltimore WIDOWED P DIVORCED [10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of working life, even if retired.)
Electrician give street address) INDUSTRY Catonsville Summit Nursing Home 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c, CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER admission) STATE 13b COUNTY NO K 1313 Stevens Baltimore Arbutus Avenue 14. FATHER'S NAME Lost 1S. MOTHER'S MAIDEN NAME First Lost Anton Bindsei Bessie Thomas 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Address 21227 Yes, no, or unknown) removal Mr. Lee A. Bindseil Jr. 820 Seckel Ct 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) BETWEEN ONSET AND DEATH PART 1 DEATH WAS CAUSED BY 70 IMMEDIATE CAUSE (o) Canditions, if only, which gave) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) for use as the I by the hospitol or offending this certificate has been 19a, DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES NO.F 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE-OF-DEATH HUUR A.M. Manth-Day-Year-5 P.M. (If either, notify medical examiner) detoched 21d INJURY OCCURRED 21e. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, 1 211 LOCATION STREET OF RED NO County State City or Town While Nat while at work OR ATTENDING be retoined should O FUNERAL DIRECTOR: causes stated above, (1) (we) (didT(did not) view the bady after death. 22b. SIGNATURE-22c DATE SIGNED **ATTENDING** DEGREE filed PHYS. DIRECTOR 22d. PHYSICIAN S 22e. ADDRESS pe NAME (Type) director, p 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a BLRIAL, CREMATION (County) (State) REMOVAL (Specify)
BURIAL Loudon Park Cemetery Baltimore, Maryland 4-23-1968 FUNERAL DIRECTOR ADDRESS 2Sb REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR Howard H. Hubbard, 4107 Wilkens Ave. 21229



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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Poge 4 may be retained by the hospital or attending physician. TO FINNETAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the Toneral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers Pages Land should be filled with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 hours after death	con	ntry)Baltimore	U.S.A	1.	WIDOWED		KCED 🔲	12 Partie	owson	Mo
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lav endi i be os tl	CERTIFICATION	9a. DATE OF OPERATION 19b. (ONDITION FOR	WHICH OPERATION WAS PE	RFORMED	20a. AUTO		206 IF YES, WERE FINDIF	NGS CONSIDERED IN	CERTIFYING
The hos	I					YES 🔲				
AN: Il or cote or u		21 a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH	G 215. TIM HOUR A	E OF INJURY M. Manth Doy Yeor	21c H	OW INJURY OCC	URRED (Enter natu	re of injury in Part 1 or Pa	rt 2, Item 18.)	
STCIVE SPITE OF LEASE	MEDICAL	(If either, notify medical examin	er] P	.M. 19						
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital or attending physician. I TIMENTAL DIRECTOR: After this certificate has been signal by director, page 3 should be detached for use as the buriol-trop should be filed with the State Dept. of Health prior to buriol, and	2	21d. INJURY OCCURRED 21e. While Nat while of work	PLACE OF INJU	RY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	10RY) 21f. 1f	OCATION Stree	t or R.F.D No.	City or Town	County	State
ING by the frer be d	н	22a. I certify that (I) (thi saw the deceased of	s haspital) _L	attended the decease	d from	2-21-	, 19.68	, ta <u>4-8</u>	, 19 <u>68</u> , tha	t (I) (we) las
END led	Н	sow the deceased of couses stated above	ive on	lid) (did not) view the	ody ofter	d that in (m death	y) (our) opinion	death accurred an th	e dote and hour	and from the
ATTA stoin ith t		22b. SIGNATURE	, (1) (We)(U	ia (ala noi) view ille i	Judy Office			1	22c. DATE SIGNED	
OR De le		Jun 9	~ on	L- a. 1	DEGI	ATTENDIN REE PHYS	AG MED DIRECT	OR STAFF STAFF	4-8-19	68
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TO HOSPITAL Poge 4 moy O LUNELL director, po	23 a	BURIAL, CREMATION, 23b. C		23c. NAME OF				LOCATION (City or Town)		(State)
5 5 5 2 4	06	REMOVAL (Specify) Ar	r. 10,	700b	-	alley N	Memorial	Timonium,	MCL. RAR'S SIGNATURE	
VR A15 (4) 30M REV. 1/68	24.	JULITICA Funeral	. Home	4210 Belair	Road.		2So. RECD BY REG	1 1968 PZ	Lengla J	udar.
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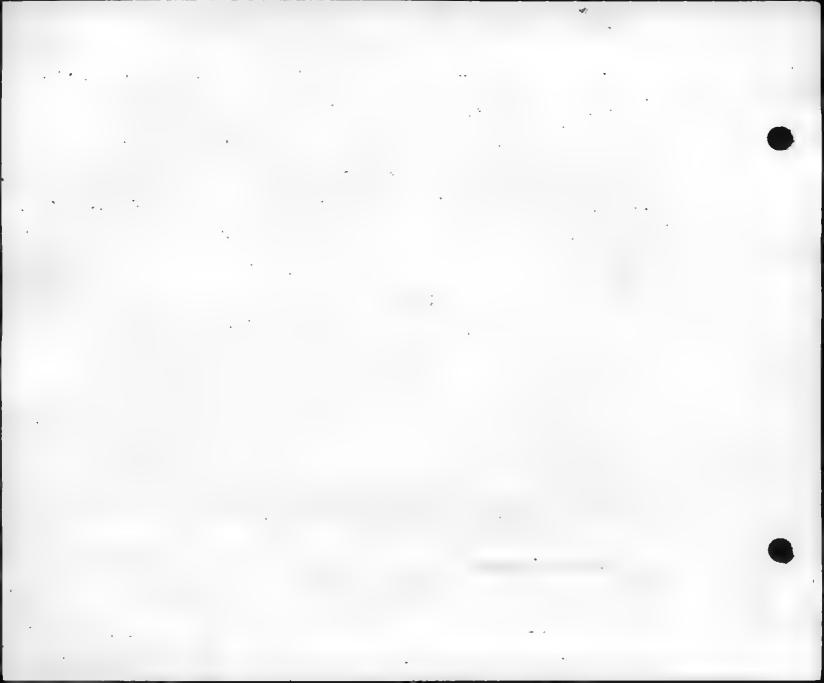


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 95190 DECEASED NAME Eirst Middle Lost 20 DATE OF DEATH (Type or print) Yeor William Blessing 1968 3 SEX 4. RACE S DATE OF BIRTH IE UNDER YEAR 6 AGE (In years lost birthdoy) requires that the Meath certificate be executed within 24 hours aft male white 82 YRS April 1 1886 70. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED [] NEVER MARRIED [country) WIDOWED TT DIVORCED [Maryland Baltimore O CITY OF TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) during most of working (fe, even if retired)
ne salesman INDUSTRY Dulaney Towson Nursing Home Towson Newport Good: 13a USUAL RESIDENCE (Where deceased lived, if institution, Residence before, 13c, CITY OR TOWN 13e STREET AND NUMBER 13a. HISSOF CITY DIMITS? 13b. COUNTY arvland YEST NO [3104 Ferndale 21207 Md 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME First please George Blessing Katherine ondi 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT Address 21204 (If yes give wer or dates of service) Dulaney Towson Nursing H me, 111 West Road Yes, no, or unknown) 12-01-536 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:

1MMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove t buriol-transit rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse! PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) hos been 20g. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED 05 CAUSES OF DEATH? YES 🖂 NO 🔲 21g ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED. (Enter nature of mury in Part 1 or Part 2, Item 18.) OR CONTRIBLTING CAUSE OF CEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. etoched 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY) 21f LOCATION Street or R.F.D. No. City or Town County Stote While Mat white at work 22a. I certify that (I) (this haspital) attended the deceased from African 1965, to Copy 2, 1967/68that (I) (we) last saw the deceased alive an Copy 2 to 1966, and that in (my) (aur) apinian death accurred an the date and haur and from the TO FUNERAL DIRECTOR: causes stated above, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c DATE SIGNED ATTENDING MED. DIRECTOR STAFF ~ DEGREE PHYS PHYS 22d. PHYSICIAN'S 22e, ADDRESS NAME (Type) director, NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION 23b DATE 23d, OCABON (City or Town) REMOVAL (Specify) 24. FUNERAL DIRECTOR ADDRESS 25g, REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 1922 ADD 5 DATE



1	MARYLAND STATE DEPARTMENT OF HEALTH	
12	05187 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
IVI) L	CERTIFICATE OF DEATH	191
1.	1. DECEASED-NAME First Middle Lost 20. DATE OF DEATH 3 (Type or print) FTHEL LUCRETIA BROADS APPlication Day Kept	2b HOUR
		AR IF UNDER 24 HRS.
3.		AYS HOURS MIR
	70. BIRTHPLACE (Stote or foreign 7b. CHIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
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100	The date of Operation 196. Condition for which operation was performed 206 autopsy? 206 if yes, were findings considered in	N CERTIFYING
1000	196 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED II CAUSES OF DEATH?	T CERTII FIRO
DICA!	GOR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. 19 2 (Id No. 1927 OCCUPRED 12) & PLACE OF INHURY ALHOME FARM SIRRET FACTORY 1 (2) F. D. COLLEGE OF D. F. D. No. (2) OCCUPRED (2) & PLACE OF INHURY ALHOME FARM SIRRET FACTORY 1 (2) F. D. No. (2) OCCUPRED (3) OCCUPRED (4) OCCUPRED (
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	saw the deceased give an 4-3 19 (2) and that in (my (rayr)) opinion death accurred an the date and ha	ur and from th
	causes stated abave, (I) (we) (did) (did nat) view the bady after death.	
ı	226. SIGNATURE CUIS CUIS CUIS CUIS CUIS CUIS CUIS CUIS	168
	PHYSICIAN'S NAME (Type) LILIA C. BALDONADO 22e. ADDRESS & BMC	
23	230 BURIAL CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County)	(Stote)
^	REMOVAL (Specify) Burial 4-6-1968 Druid Ridge Baltimore Md Ba 24 FUNERAL DIRECTOR ADDRESS 250- REGISTRAR - 255- REGISTRAR	ltimore
1	APR 5 1989 (Clienta)	det.
	W.m. GOOK-PROOKSTOWSON, TOWSELA, M.D. DATE	a



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05183 CERTIFICATE OF DEATH 2a. DATE OF DEATH DECEASED NAME First Middle Lost requires that the death certificate be executed within 24 haurs after death Month (Type or print) F JNDER I YEAR 4. RACE 6. AGF (In years last birthday) physicion and campletely filled in by 7c. BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? B. MARRIED T NEVER MARRIED 9. COUNTY OF DEATH ban papers. within 72 h WIDOWED IN DIVORCED [10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street address) during most of warking life, even if retired) please remove carban Housewife 13a US_AL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 130 STREET AND NUMBER 134. INSIDE CITY LIMITS? 13b COUNTY YES X NO F 14 FATHER'S NAME Middle Lost IS MOTHER'S MAIDEN NAME First Marsha SARAH 16b. SOCIAL SECURITY NO 17 INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, or unknown) I (If yes give war or dates of service) ar remayal, 217-40-2054 18. CAUSE OF DEATH (Enter only one cause per nine for (a), (b), and (c).) BETWEEN ONSET AND DEATH ACIDOSIS PART I. DEATH WAS CAUSED BY signed by the attendi buriol-tronsit permit. IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gove) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) the O FUNERAL DIRECTOR: After this certificate has been 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? NO F YES [7] for use 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Month Doy Year (If either, notify medical examiner) P.M 21e. PLACE OF INJURY (AT MOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No 21d INJURY OCCURRED County State City or Town While Not while of wark -16,196X, to director, page 3 shauld shauld be filed with the 22b. SIGNATURE ATTENDING DEGREE PHYS DIRECTOR 22d PHYSICIAN'S 22e. ADDRESS NAME (Type) shauld t 23d LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY (State) 230 BUR AL CREMATION (County) REMOVAL (Specify) REC'D BY REGISTRAR VR A15 (4)~ 30M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	€ CER	TIFICATE OF DEATH		7 47					
	1. DECEASED-NAME First Middle (Type or print) Raymond J. Bower.	Lost	20. DATE OF DEATH Month Doy	yeor 25 HOUR					
	male la hite	5 DATE OF BIRTH /2/15/9	0. 405 (111 100.3	JNOER I YEAR IF JNDER 24 HRS. 17HS DAYS HOURS MIN					
	Maryland USA. WII	DOWED DIVORCED	Baltimore	Md					
	10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUT g ve strept oddress) FT JOSEPH	HOSPF GUING MOS	t of working life, even if retired)	2b. K NO OF BUSINESS OR MOUSTRY . +					
3	130 USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c odmission) STATE 118 13b COUNTY 17 17 17 18 18 18 18 18 18 18 18 18 18 18 18 18	CITY OR TOWN 13d. INSIDE CITY LIMIT YES NO	and the second second	16					
	14. FATHER'S NAME First Middle Lost	15. MOTHER'S MAIDEN NAME FIRS		Łost					
	160 WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (II yes give war or dates of service) 16b. SOCIAL SECURITY NO. 706-12-6013	17. INFORMANT	Address w 30 N 3 0 3 9 E 9 S	+ Aye					
	THE CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove	nary Thr	ombosis	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
	stating the underlying couse last. DUE TO, OR AS A CONSEQUENCE OF								
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)								
4	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORM 210. ACCIDENT WAS UNDERLYING 1216. TIME OF INDIRY	MED 200. AUTOPSY? YES NO	20b IF YES, WERE FINDINGS CONSI CAUSES OF DEATH?	DERED IN CERTIFYING					
	210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY GOOD CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner) P.M. 19	21c. HOW INJURY OCCURRED (Enter r	noture of injury in Port 1 or Port 2, Item	1B.)					
	TO THE INTERPRETATION OF THE PROPERTY OF THE P	914 LOCATION CARRES OF D.E.D. Mo.	City or Town	ounts. State					

Not while p

ot work at work and that in (my) (cor) apinian death accurred an the date and haur and fram the saw the deceased alive an causes stated abave, (1) (we) (did) (did) (riew the bady after death

22b. SIGNATUR 22d. PHYSICIAN'S NAME (Type)

ATTENDING PHYS DEGREE

22e. ADDRESS

MED DIRECTOR

22t. DATE SIGNE

23o. BURIAŁ, CREMATION REMOVAL (Specify)

CEMETERY OR CREMATORY

(City or Town)

(County)

(Stote)

24 FUNERAL DIRECTOR

ITE FUNETIAL MINISTER: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers:—Pages 1 and 2 should be filed with the State Dept of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-haurs

Page 4 may be retained by the haspital or attending physician

witer death

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	85190			CERTIFIC	ATE OF	DEATH			57 57 6	4 J. 15
	CEASED-NAME	First	Middle		Last	2a.	DATE OF DEATH	D	V	2b HOUR
(1	ype ar print) D.F	NIEL	EDWARD	ER	ATKOWS	KI	APRIL	27,	1988	B:30AN
3 SE	X	4 RACE			S. DATE OF BI	RTH	6 AGE (In year		IF UNDER ' YEAR KINTHS DAYS	IF UNDER 24 HRS HOURS MITN
	MALE		WHITE		2/2	2/24	fact birthday)	YRS.	UNINS UNITS	LICENCE NOTE
	BIRTHPLACE (State or foreign	7b. CITIZEN C	OF WHAT COUNTRY?	8 MARRIED	NEVER MAR	RIED 7. COL	INTY OF DEATH			
cour	MARYLAND	-	S.A.	WIDOWED		CED 🔲	BALTIMO			Md
	ITY OR TOWN OF DEATH		11 NAME OF HOSPITAL OR IN			dament a second of	UPATION (Kind of work o		126 KIND OF E	BUSINESS OR
	FORT HOWARD				SPITAL	CLER	ICAL	edi		OVERN.
	USLAL RESIDENCE (Where of street) STATE	deceased lived, if in	stitution Residence before	13c CITY OF	TOWN	136. INSIDE CITY LAMITS?	13e STREET AND NUMBE			
agira	MARYLAND	130 600			TIMORE	YES NO	3118 LEVE		AVENU	E
14. 1	FATHER'S NAME , First	Mid			S. MOTHER'S MA	AIDEN NAME First	Mide			Last
	STANLE		BRATKO			MARY			UZINSK	A
	WAS DECEASED EVER IN U.	S. ARMED FORCES? Is give war or dates of servi	16b. SOCIAL SECURITY		INFORMANT		Addr			
	es, no. or unknown) (iii ye	WWII	216 18 98	55 CI	INICAL	RECORDS,	VAH, FORT	HOWA		AATE INTERVA.
			per sine for (a), (b), and (c)						BETWEEN DIN	NSET AND DEATH
	PART I. DEATH WAS	CAUSED BY: SMEDIATE CAUSE (a)	HEPATI	C COMA					DAY	5
	571.9		OR AS A CONSEQUENCE OF							
	Conditions, if any, which gave nse to immediate cause (a), (b) CIRRHOSIS OF LIVER								YEAL	RS
	stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF									
	lost (c)									
	PART 2 OTHER SIGNIFICAN	AT CONDITIONS CON	TRIBUTING TO DEATH BUT N	OT RELATED T	O THE TERMINAL	L DISEASE OR CONDITI	ON GIVEN IN PART I(a)			
NO.	2.	I to constrain so	D INVESTIGATION STATE OF	20001150	00 41170	hetin	TOOL IF WAS HIS DE SIND	INCC COA	ICIDEDED III ČE	PATEMBIO
S	19a DATE OF OPERATION	196 CONDITION FO	R WHICH OPERATION WAS PE	KFUKMED	20a AUTO		20b. IF YES, WERE FINDI CAUSES OF DEATH?		12INEKED IN CE	KIITTING
CERTIFICAT	21g. ACCIDENT WAS UND	EDIVING TOTAL TO	ME OF INITION	63. 11	YES X		I	ES	10\	
18	DR CONTRIBUTING CAUSE	OF OEATH HOUR	ME OF INJURY A.M. Manth Day Year	ZIC H	OW INJURT OCC	UKKED (Enter notur	e of injury in Part 1 or P	UH Z, 116	HT 18.)	
AEDI((If either, natify medical i	examiner)	P.M.		OCATION C:	4 D.F.D. N	Charles Town		Course	Shake
~	Tribite India tribite	ZIE. PLACE OF INJ	URY (AT HOME, FARM, STREET, FA	ZIT. E	ULATION Stree	et of K.t.V. No.	City or Town		County	State
	at work — at work —	Ut falsia Innocest IV	والمستقد المستقد	ad 600	ADD O	2 1068	ta (100 07	10 6	N that	TMD (see) 1 -
	saw the decens	g (this nospital)	attended the deceas	ea trom 19 60 on	d that in fact	v) (our) opinion	death occurred on t	he dote	e and hour c	and from the
	couses stated a	bave, (1) (we) (did) idid gut criew the	body after	death.	ay (our) opinion	000111 00007700 011 11	10 0010	, 0114 11007 0	7110 170111 1110
	22b. SIGNATURE	100	-		ATTENDIN	IC - MED	STAFF C		TE SIGNED	
		1//	TE	PEG	REE PHYS	IG MED. DIRECTO	R PHYS.	4/	27/68	
	22d. PHYSICIAN S NAME (Table) WAR	1=	12211	WY	22e ADD		ETIDD MD			
	Mysic (14be) MV	The 9x-00	PROS, M.D.				WARD, MD.			
2 3g	BURIAL, CREMATION REMOVAL (Specify)	23b DATE	23c. NAME OF	CEMETERY OR	9 4 2		LOCATION (City or Town)	(County)	(State)
1	Julian	May1-	68 750W	4.1/4	7. 62		sec tree	1/1	Tel.	
24	FUNERAL DIRECTOR		1930 E	STERN	AVE.,	25a. REC'D BY REG		trar's si		AL.
	RICHER FILE	TRAIL HOME	RATITIME	BRE. MI	1.	dMeAY 1	MPP X		VATTA	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shall be state Dept, of Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs after death VR A15 (4) 30M REV 1/68

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eath.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24,

Page 4 may be retained by the haspital ar attending physician.



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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		ROTAY		,	EKIIFI	CATE U	DEALL			4.0	D. F. C. A.	
		ECEASED-NAME First		Middle		Lost		2o. DATE O			2b. HQUR	
	(I	Type ar print)	NA J. BREY	YER.					Month Day	12.1968	11 30 H	
	3 SE		4. RACE			S. DATE OF	BIRTH		6. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS	
		FEMALE	WHIT	ਾਜਾ		ומפשם	JARY 19.	4001	last birthday)	MONTHS DAYS	HOURS MAN	
	7a. E		L CITIZEN OF WHAT C		8. MAPPIER	☐ NEVER M		9. COUNTY OF	1 1			
	COUR		U.S.A.		WIDOWED		ORCED [7]		BALTIMORE		Md	
		TARYTAND		F HOSPITAL OR INS		mar.			(Kind of work done	12b KIND OF B		
		_	g ve street	oddress)			during mo	st of warking	life, even if retired)	INDUSTRY		
		RODGERS FORGE USUAL RESIDENCE (Where deceased		8 OVERB	13c CITY O	7	ISA INSIDE CITY LA	LESLAD	TREET AND NUMBER	DEPT	STORE	
		ssion) STATE MARYLAND	13b COUNTY		150 0111 0	K IVVIII				or Da		
7	_	FATHER'S NAME First	BALTT Middle	MORE		C MATURN'S	MA-DEN NAME FI	X 2	18 OVERBRO	JK RD.	last	
4	14. 1	PATRICK S NAME PITST	widdle			IS. MUITEKS			Widdle		Lost	
	160	WAS DECEASED EVER IN U.S. ARME	D concert 16h	HORNEY SOCIAL SECURITY I	10 117	INFORMANT	UNKNOW	N	Address			
	Υ		or dates of second	4-26-93			O CHING	Th There ex				
	H					Pirt, El	DMUND G.	BETZ	SAME	APPROVIN	ATE INTERVAL	
		IB. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	ane cause per line for	(a), (b), and (c).		1.	* 3	1	â		SET AND DEATH	
		IMMEDIATE CAUSE (0) Coudio - Regulato Falline										
		DUE TO, OR AS A CONSEQUENCE OF										
		conditions, if any, which gove to immediate cause (a). (b) Hod Stern Judenst - Concerting to										
		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF										
		lost. (1) to furthering - authorized while										
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)										
	N	<i>}</i>										
V	CERTIFICATION	190 DATE OF OPERATION 19b. CO	INDITION FOR WHICH O	PERATION WAS PE	RFORMED	200. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN C				ONSIDERED IN CER	RTIFYING	
1	Œ					YES [] NO []	LAUSE	S OF Utain?			
		21a. ACCIDENT WAS UNDERLYING	E101 1111E 01 1110		21c. I	IOW INJURY O	CCURRED (Enter	nature of inju	iry in Part 1 or Port 2, I	tem IB.)		
	MEDICAL	or contributing cause of death		onth Day Year 19								
	ME	21d INJURY OCCURRED 21e P	LACE OF INDIRY LATHO	DME, FARM, STREET, FAC E BUILDING, ETC	TORY } 21f.	OCATION SI	eet ar R.F.D. No.	City	or Tawn	County	Stote	
		While Not while of work	(0112	a solutio, etc								
		22a. I certify that (I) (this haspital) attended the deceased from 1968, and that in (my) (and applicant death accorded an the date and haur and from the										
		saw the deceased ali	ve an Con	1	%E, a	nä Jhat in (my) (🕬 apiı	nian death	accorred an the da	te and havr a	nd fram the	
		causes stated above,	(1) (469) (qiq) (448)	view the	bady affer	death.			1 00	THE MANER		
		22b SIGNATURE	Comme	. , .	6. 2	ATTENI		ED.	STAFF -	DATE SIGNED	a	
		22d. PHYSICIAN'S	cepe	yu	DE DEC	1111111	DDRESS DI	RECTOR L	PHYS.	11210	0	
ĺ	7	NAME (Type) WILLAR	RD APPLEFE	TD				יים מינות	DI DO DATA	TIME	100	
					CFARTE IN I		15 RETS				MD.	
)	230.	BURIAL, CREMATION, 23b DA REMOVAL (Specify) BURIAL 4		23c. NAME OF					ON (City or Town)	(County)	(Stote)	
1		BURTAL 4,	/15/68	ADDRESS	DON F	ARK	lac- prem n		PTMORE MD	CICNATURE		
2	24.	MITCHELL WIEDER	PELD HOME	INC.			25o. REC'D BY	PR 16	1988 REGISTRAD	SIGNAL SE	myga.	
		/ 400 3700	244 00000	2.00			DATE AT	11 2 0	1400 %	- 0	-	

O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the taner director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages L or should be filled with the State Dept. af Health prior ta burial, crematian, ar removal, and in any event, within 72 hours after fie TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs pater Page 4 may be retained by the haspital or attending physician.

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20M REV. 168



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2a DATE OF DEATH 2b, HOUR Middle Last DECEASED-NAME First 24 hours after deoth. (Type or print) Grace LAMENAL May 4 RACE 5 DATE OF BIRTH F JNDER I YEAR IF UNDER 24 HRS 3. SEX 6. AGE (In years last birthdoy) MONTHS white female Sept. 23, 1892 within 72 hours 70 BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8 MARRIED [] NEVER MARRIED [country) Baltimore WIDOWED [DIVORCED T TO CITY OR TOWN OF DEATH 1) NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPAT ON (Kind of work done 12b KIND OF BUSINESS OR The law requires that the death certificate be executed within give street address)
SPRING GROVE during most of working ife, even if retired)
housewife ottending physician and campletely f permit. Then please remove carban Catonsville cremotion, or removol, and in ony event, 13a USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13d INSIDE CITY LIM TS2 13e STREET AND NUMBER 13c CITY OR TOWN admission) STATE 13b. COUNTY 1527 W. Lombard St. Balto. 14. FATHER S NAME First Last 15. MOTHER'S MAIDEN NAME First Last Mary E. Stoom Joseph Kidd Stup 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT Yes, no, or unknown) HOSPITAL NONE Records: SPRING STATE 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. Myocardial Infarction, acute, death min. DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Ateriosclerotic Cardiovascular Ht. Dis. Canditians, if any which gave) 20 years rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause last. 4 2 71 () Arteriosclerosis, Generalized, senile 20 vears PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the prior to b Mitral Stenosis with atrial fibrillation, 20 years or more. Page 4 may be retained by the hospital or attending O FUNERAL DIRECTOR: After this certificate hos been 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? CAUSES OF DEATH? YES 🖂 be detached for use State Dept. of Health 21a ACCIDENT WAS UNDERLYING 215 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) director, page 3 shauld be detache should be filed with the State Dept. 21e PLACE OF INJURY (AT HOME, FARM, STREET FACTORY) 21f LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Town Caunty State White Nat while at work 22a. I certify that (F) (this haspital) attended the deceased from Nov. 5 , 19 37, to April 23, 19 68 , that (We) last saw the deceased alive an April 23 19.68, and that in (my) (acr) apinian death accurred an the date and havr and from the causes stated above, (1) (We) (did not) view the bady after death 22b SIGNATURE 22c DATE SIGNED TENDING MED DIRECTOR 4-23-68 220 ADDRESS STRING GROVE STATE HOSPITAL PHYSICIAN'S NAME (Type) Baltimore, Maryland 21228 23d LOCATION (City or Town) 23b DATE 23c NAME OF CEMETERY OR CREMATORY (State) 23c BURIAL CREMATION, (County) Mt. Olivet Cemetery Frederick, Id. 21701 REMOVA (Specify) VR A15 (4) 30M REV. 1/68 E. Churs



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED NAME First Middle Last 2n. DATE OF DEATH 2b. HOUR A requires that the deoth certificate be executed within 24 hours ofter death (Type or print) Month April Rhoda Chairs Brown S DATE OF BIRTH 3 SEX 4. RACE 6 AGE (In years IF JINGER 1 YEAR IF UNDER 24 HRS. last-bighday) Sept. 11, 1895 female white 7b CITIZEN OF WHAT COUNTRY? 70 BIRTHPLACE (State or fareign 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED Baltimore AnneArundelCty.Md.U.S.A. WIDOWED X DIVORCED [11. NAME OF HOSPITAL OR INSTITUTION OF REAL PROPERTY OF BUILDING THE BUILD ID. CITY OR TOWN OF DEATH 12b KIND OF BUSINESS OR Towson, Maryland 13a USUAL RESIDENCE (Where deceased lived, if institut an Residence before 113c, CITY OR TOWN 13e. STREET AND NUMBER 13d INSIDE CITY LIMITS? 13b COUNTY 1912 Pot Spring Road Baltimore. Timonium 15 MOTHER'S MAIDEN NAME First 14 FATHER'S NAME Last Linsted Chairs Annie Samuel 21.204 16b. SOCIAL SECURITY NO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address (If yes give war or dotes of service) 212-28-7851 Yes, no, or unknown) Dulaney Towson Nursing Home, 111 West Road 18 CAUSE OF DEATH (Enter on y one couse per Inc.
PART DEATH WAS CAUSED BY far (6), (b), and (c) IMMEDIATE CAUSE (a) Conditions, if any, which gave) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE stating the underlying causes PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA. D SEASE OR CONDITION GIVEN IN PART 1(6) 200 AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21a ACC DENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18) 21b TIME OF INJURY OR CONTRIBUTING F CAUSE OF DEATH HOUR A.M. (If either, not by medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f LOCAT ON Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Not while at wark sow the deceased alive on 1963, and that in (my) (con) opinion death occurred on the date and hour and from the courses stated above, (1) (we) (did not) view the bady after beath. 220. I certify that (I) (this hospital) attended the deceased from sow the deceased alive on 1907, a O FUNERAL DIRECTOR: 22b S GNATURE D RECTOR 22d PHYSICIAN'S Balto Nat. Pike & St. Johns! Dr. Christian Mass NAME (Type) director, 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a BUR AL, CREMATION, 236 DATE (County) REMOVAL (Specify) Woodlawn Woodlawn, Balto Co., Md. 24 FUNERAL DIRECTOR 250 RECD BY REGISTRAR 25b. REGISTRAR S SIGNATU H.W. Jenkins & Sons Co.



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED NAME Last Ferst Middle 2a DATE OF DEATH 2b HOUR death death The law requires that the death certificate be executed within 24 haurs after death (Type or print) signed by the attending physician and campletely filled in by the funeral burial-transit permit. Then please remave carban papers Pages I and Charles S CARO 2:45PM Apri 4 RACE 3 SEX S. DATE OF BIRTH 6 AGE (In years IF UNDER 24 HRS Male last hitthday) HOURS January 1. 1895 White haurs 7a BIRTHPLACE (State ar fareign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED 📆 NEVER MARRIED 🗌 USA country) Italy Baltimore. WIDOWED [DIVORCED | 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done burial, cremation, ar remaval, and in any event, within 12b KIND OF BUSINESS OR during most of working life, even if retired.) Tailoring give street address) Towson 13a USJA, RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 13d. NSIDE CITY LIMITS? 13e STREET AND NUMBER odmission) STATE Maryland 13b. COUNTY 2823 Harview Ave. Baltimore 14. FATHER'S NAME First Middle 15. MOTHER'S MAIDEN NAME First John Caro Catherine Bianca 16b. SOCIAL SECURITY NO. 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Yes, no, or upknown) Mrs. Rose D. Caro- Same APPROXIMATE INTERVA 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) BETWEEN ONSET AND DEATH Massive Intestinal Infarction PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) 44 DUE TO, OR AS A CONSEQUENCE OF Conditions, if any which gave) Thrombosis of superior mesenteric artery rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF attending physician. stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the priartat Recurrent Myocardial Infarction 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING has CAUSES OF DEATH? director, page 3 shauld be detached far use YES T NO | this certificate Page 4 may be retained by the haspital ar 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21a. ACCIDENT WAS UNDERLYING 215. TIME OF INJURY OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREEF, FACTORY.) 21f. LOCATION Street or R.F.D. No. City of Town County State While Not while at work 22a. I certify that (1) (this haspital) attended the deceased from 4/8/ , 19 68 , to 4/24/ , 19 68 , that (1) (we) last saw the deceased alive an 4/24/ 19 68 , and thot in (my) (our) opinion death occurred an the date and hour and from the fo FUNERAL DIRECTOR: After director, page 3 shauld be causes stated above, (I) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c DATE SIGNED ATTENDING PHYS MED. DIRECTOR DEGREE 22d PHYSICIAN'S 22e. ADDRESS Reynaldo Orjuela Gomez, M.D. 7620 York Rd., Towson, Md. 21204 NAME (Type) 230 BURIAL CREMATION. 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) REMOVA-(Spenia) 29/68 Baltimore, Md. Holy Redeemer Cem. 25g. REC'D BY REG STRAR 25b. REGISTRAR S SIGNATURE DATE APR 25 24 FUNERAL DIRECTOR **ADDRESS** VR A15 (4) 30M REV, 1/68 Leonard J. Ruck Inc. 5305 Harford Rd.

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH 85195 DIVISION OF VITAL RECORDS, 301 W, PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH U5199 2o. DATE OF DEATH DECEASED NAME First Middle 2b HOUR requires that the death certificate be executed within 24 haurs after death (Type or print) **JEROME** FRANCIS CARTER 3 SEX 4 RACE S DATE OF BIRTH 6 AGE (In years IF JNDER I YEAR last birthday) WHITE 10/8/95 MATE 76. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7a. 8IRTHPLACE (State or fareign 8. MARRIED NEVER MARRIED COUNTRY MARYLAND U.S.A. WIDOWED X DIVORCED [BALTIMORE signed by the attending physician and campletely filled burial-trans# perm# Then please remave carban paps 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10 CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of working life, even if retired) FORT HOWARD 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 36 INSIDE CITY JIMITS? 13e. STREET AND NUMBER admission) STATE AND 13b. COUNTY YES X NO [BALTIMORE **710 PURITAN STREET** and in any 14. FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle **JEROME** CARTER FRANCIS KATHERINE SIDE M. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT Address Yes, no or unknown) (If yes give wat or dates of service) 217 12 07 20 CLINICAL RECORDS, VAH. FT. HOWARD APPROXIMATE NTERVA 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) BETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF crematian, Canditions, if any, which gave) rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19a, DATE OF OPERATION 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? NO FIL YES 🔲 21a ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) 216. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year letached Dept. af (If either, natify medical examiner) P.M. (AT HOME, FARM, STREET FACTORY,) 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION Street or R.F.D. No. City or Town County State While Not while at work 22a. I certify that (f) (this haspital) attended the deceased from APRIL 12, 19.68, to APRIL 20.19.68, that (we) last saw the deceased alive an APRIL 20, 19, and that in (mp) (aur) apinian death accurred an the date and haur and from the O FUNERAL DIRECTOR: After causes stated above, (we) (did) state and view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS MED. DIRECTOR STAFF PHYS. 4 20 68 22d. PHYSTCIAN'S 22e. ADDRESS directar, po shavid be f NAME (Type) VAH. HOWARD 23c NAME OF CEMETERY OR CREMATORY Towson, Maryland 23a BURIAL CREMATION. (County) REMOVAL (Specify) BURIAL HILL CEMETERY

25a. REC D BY REGISTRAR .

2Sb. REGISTRAR'S SEGNATURE

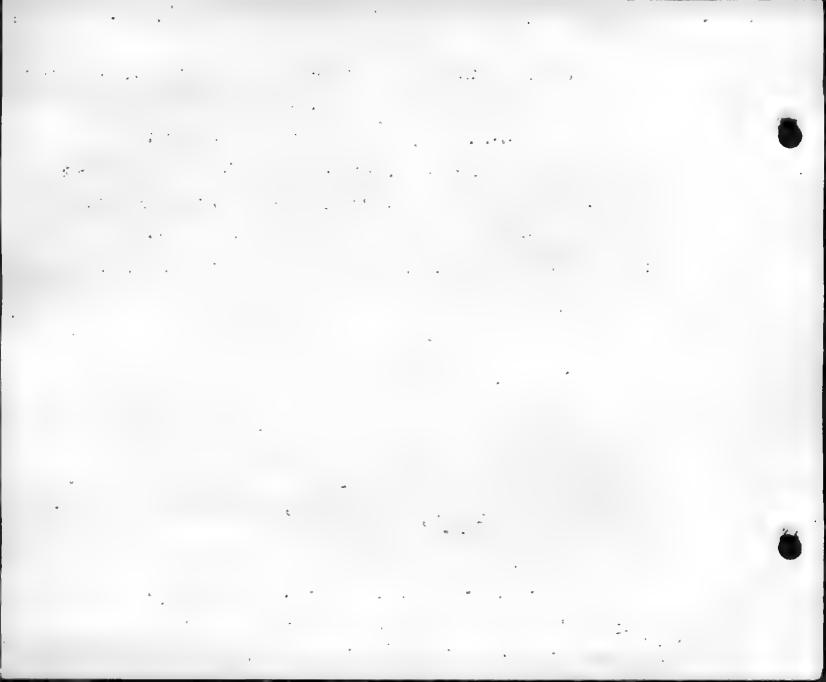
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Towson

BROOKS FORERAL #SERVICE#



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VISION OF VITAL RECORDS, 301 W. PRESTON STREET, BAL CERTIFICATE OF DEATH

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I. DECEASED-NAME First	Middle	Last	20 DATE OF DEATH	2b. HOUR					
(Type or print) AGNES	REBECCA	CARVER	Month Do	Year 649,7 M					
3 SEX	4. RACE CAU.	S DATE OF BIRTH	90 6 AGE (In years lost birthdoy) 77 YRS.	IF UNDER LYEAR F LINDER 24 HRS MONTHS DAYS HOURS MIN					
70. BIRTHPLACE (State or foreign country) MARYLAND 10. CITY OR TOWN OF DEATH	76. CITIZEN OF WHAT COUNTRY? US 17	8 MARRIED NEVER MARRIED DIVORCED	9. COUNTY OF DEATH BALTO -	TOWSON Md.					
BALTIMORE	11 NAME OF HOSPITAL OR IN give street address) REATER BALTIM	CREMFUICAL CENTAR	WAL OCCUPATION (Kind of work done most of work ng life, even if retired)						
odmission) STATE MD	ised lived, if institution Residence before 13b COUNTY BHLTO -	BALTIMORE YES		RSTOUN ROAD					
14. FATHERS NAME COFFICE	THA DEGOET	173	First Middle	G-1//					
160. WAS DECEASED EVER IN U.S. AR Yes, no, or unknown) (If yes give	MED FORCES? wer or dates of service) 16b. SOCIAL SECURITY 2/3-50-6		Address CHART						
DADT I DEATH WAS CALS	nly one cause per line for (o), (b), and (c) ED BY. MATE CAUSE (a)	1/2		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH A LOW MUMME.					
Canditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost.	(b) Palling to Due to, or as a consequence of Due to, or as a consequence of (c) IMOCOLOGIC	ion autolina	· · · · · · · · · · · · · · · · · · ·	a feu minule					
1 intertinal	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)								
19a DATE OF OPERATION 19b	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CO YES \(\subseteq \text{NO} \(\subseteq \)								
₹ □ OR CONTRIBUTING □ CAUSE OF DEA	Electrical material and the second of the se								
While Not white at work of work	D. PLACE OF INJURY (AT HOME FARM, STREET, FA			County State					
22a. I certify that (I) (I saw the deceased causes stated above	22a. I certify that (I) (this haspital) attended the deceased from 4-5, 1965, to 4-12, 198, that (I) (we) last saw the deceased alive an 4-12 1986, and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated above. (I) (we) (did) (did nat) view the bady after death.								
22b. SIGNATURE	Kolledo	DEGREE PHYS.	MED. STAFF DIRECTOR DIRECTOR DIRECTOR DIRECTOR	DATE SIGNED 4-12-68					
	Collado, MD		NORTH CHAI						
	ril 15,1968 Car								
24. FUNERAL DIRECTOR A. Selihan	Owings Mi		PR 1 5 1968 REGISTRAS	S SIGNATURE					

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the directar, page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages—should be filed with the State Dept of Health prior to burial, cremation, ar remaval, and in any event, within 72 hours of VR A15

Sors after death.

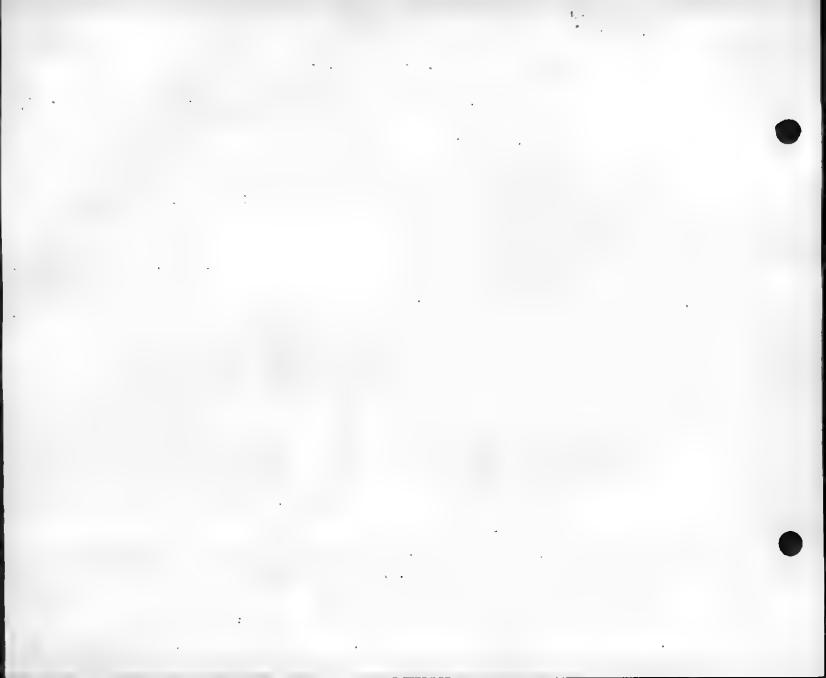
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that th≡ death certificate be executed within 24

Page 4 may be retained by the hospital or attending physician.

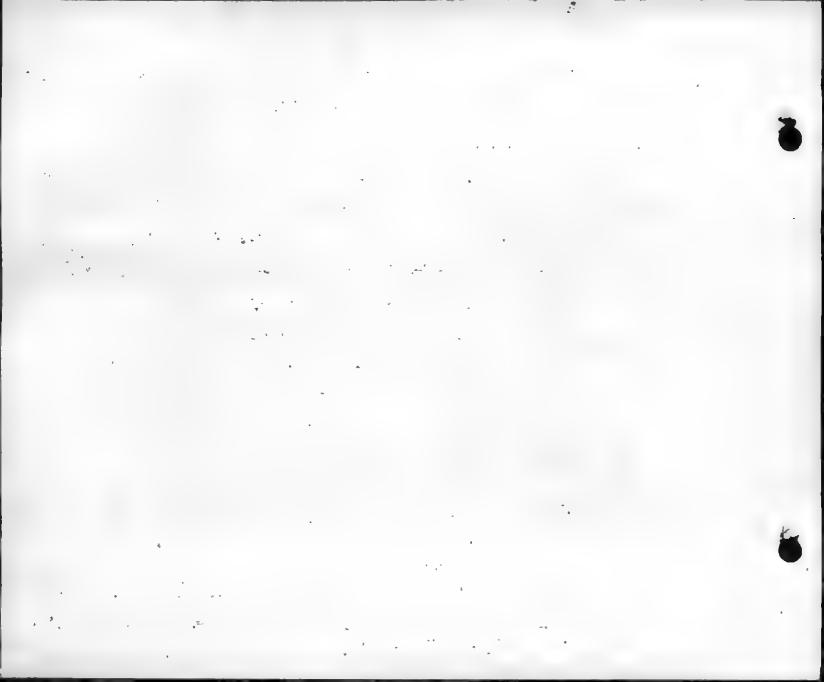


MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05202 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR law requires that the death certificate be executed within 24 haurs after death ond 2 (Type or print) George W. Champness nril S. DATE OF BIRTH 3 SEX 4. RACE 6. AGE (In years FUNDER 1 YEAR last birthday) MONTHS HOURS by the attending physician and campletely filled in by the stransit permit. Then please remave carban papers. Page; crematian, ar remaval, and in any event, within 72 hours of 4-7-1886 Male White 70 BIRTHPLACE (State or foreign 76. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED NEVER MARRIED WIDOWED TO DIVORCED [Baltimore U.S.A. Maryland 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street address) during most of working ife, even if retired) INDUSTRY Towson St. Joseph Hospital Insurance 13a USUAL RESIDENCE (Where deceased lived, if institution, Residence before) 13c CITY OR TOWN 136. INSIDE CITY LUMITS? 13e STREET AND NUMBER YES X 1423 Mentpelier Street Baltimore Maryland 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First Middle Last Thomas W. Champness Mary Lewald 16b. SOCIAL SECURITY NO. 17 INFORMANT 2208 Florimond Ave. 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, or upknown) 212-09-4021A Kennard F. Champness: Mighigan City, 146360. infarction 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN CINSET AND DEATH PART I. DEATH WAS CAUSED BY. MMEDIATE (AUSE (g) Acute posterior septal & apical myocardial DUE TO, OR AS A CONSEQUENCE OF signed by the bur al-transit p burial, crematic Arteriescleretic Cardie-vascular disease. Canditions, if any, which gave) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause Cerebral vascular thrombosis PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the should be filed with the State Dept. of Health prior talk Page 4 may be retained by the haspital or attending 19g DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES TE 21g. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner) HOUR A.M. Manth Day Year 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town State County White Not while at work 22a. I certify that (f) (this haspital) attended the deceased from 4/4/, 1968, ta 4/13/, 1968, that (f) (we) last saw the deceased alive an 4/13/, 1960, and that in (my) (our) opinion death accurred on the date and hour and from the couses stated abave, (M (we) (aid) (did not) view the body after death 22c DATE SIGNED 4-14-68 22b. SIGNATURE MED. DIRECTOR **DEGREE** 22e. ADDRESS 22d. PHYSICIAN'S Samuel Lee, M.D. NAME (Type) 7620 York Rd., Towson, Md., 21204 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 236 DATE 23a BURIAL, CREMATION Holy Redeemer Cemetery 4430 Belair Rd., Balto., Md. BEMOXAL (Sorgeity) 4-17-68 901 S. Contelling St. Baltimore, 21224, Md. 2Sb. REGISTRAR'S SIGNATURE 250 REC D BY REGISTRAR 1968



7	_	DIVICION OF WITH DECORDE 201 W. C	E DEPARTMENT OF HEALTH PRESTON STREET, BALTIMORE, MARYLAND 21201	
FORSTATE	I	2011/17 C-15 a 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	R'S CERTIFICATE OF DEATH	73
HEALTH DEPT.		CEASED-NAME First Middle	LOST 20 DATE KNOWN Month D	Doy Year 25 HOJR
\$ ₽ ₽ P		ype or Print) DONALD	CHAPPLE OF ESTI-	19 M
à de la company	3 5	last	E (In years IF UNDER 1 YEAR IF UNDER 24 HRS 2c DATE PRONOUNCED DEAD birthday) 4001/HS 0AYS HOURS Min. Month Dry	Year CO O 2D
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form river Depart	(OJn		8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH W DOWED DIVORCED BALTIMORE	
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			Joseph Hospital during most of working life, even if retired.	NDUSTRY
18. Give along water the death.	130	USUAL RESIDENCE (Where deceased lived, if institution Residence before		
	_	Mu.	Baltimore YES [X] NO [] 716 Mc Cabe Av	
24 haurs in Item 1 's Office s Tand 2 's after	14 1	Donald Chains Se Lost	15 MOTHER'S MAIDEN NAME First Mystolie	LOST
n pencil in Examiner's F.le pages		VAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY No. of unknown) (slives give 100 pt) of service)	17. INFORMANT WELL Charance See	ile
		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)		APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
d be executed of pending" in Chief Medical Extraorst permit F. y event within		PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o)	Asphyxia	
"pendi		Conditions, if ony, which gove	Carbon monoxide	
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s certifice, writin farward farward e used a emaval,	CERTIFICATION	196. DATE OF OPERATION 196. CONDITION FOR V WAS PERFORMED		20. AUTOPSY? YES NO [X]
the search	CERTI	2 o EXTERNAL CAUSE WAS 2 b TIME OF INJRY Month, Doy, Yeo	or 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2 Item	
certificantifica	MEDICAL	PRIMARY A OR CONTRIBUTING 8:55 PM 4-24 19		,
d 3 m s e E	WEE	21d NJURY OCCURRED 21e PLACE OF NowRY (At home, form, street, foctory, giffice building, etc.)	21F LOCATION Street or R.F.D. No. City or Town	County State
XAM ute th gge 4 your your Page		AT WORK AT WORK & home	716 Mc Cabe Ave. Baltimore	Md.
CAL E exection. Post far CTOR: burial,		22a I certify that I took charge of the remains describe		_ / 1 -
ase e rectar nined ined inectar ta b.		death resulted from Notural couses Acciden		
ad de		ACTUAL (Land)	CHIEF MEDICAL EXAMINER 22b DATE SM	GNED
EPUTY sssary, funeral ay be JNERAL lith pri		EXAMINER'S Charles S. Springate, 1	MD ASSISTANT MEDICAL EXAMINATE CE	
o DEPUTY necessary, the funerce S may be O FUNERA Health pr		NAME (Type)	ADDRESS(Street, city town, or county)	,
5 g = 2 5 7	23a	BURIAL, CREMATION, PAMOVAL (Specify) 4-21-68 23c-NAME OF	September of CREMATORY and 23d LOCAT ON (CHYPAN TOWN)	(Stote)
VR A15ME48] 10M REV 1/68	24	William-Cook, Brooks, York Road,	Towson Nd. 250 RECD BY REG STRAR S SIG	GNATURE

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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		~		CERTIFI	CALE OF DEATH	1			UD.	284
	CEASED-NAME ype or print)	First	Middle		Last	2a. D/	ATE OF DEATH Manth C)nv	'enr	2b. HOUR
		Merab	Cecelia	Cl.			April 13	19	68	5:30 PA
SE)	x Female	e :	4 RACE White		S DATE OF BIRTH April 5,	1925	6 AGE (In years last birthday)	ANDWITHS S.	OAYS	IF UNDER 24 HRS HOURS MIN
ouni	elRTHPLACE (State of try)		U.S.A.	WIDOWE			ny of DEATH ltimore			Mo
	isters		give street oddress) 313 Che		during	mast of wa	AT ON (Kind of work done arking fe, even if refired etery	INDL	ISTRY	BUSINESS OR
i3a i admis Miza	USUAL RESIDENCE (ssion) STATE Pyland	Where deceased	lived, if institution: Residence 13b. COUNTY Baltimor	e Reist	erstown 13a MSIDE C	—	3e. STREET AND NUMBER 13 Cherry	Hill	. Ro	1.
(4. F/	ATHER'S NAME	First	Middle	Last	15. MOTHER'S MAIDEN NAME		Middle			Lost
17-	WAS DECEASED EV	ome s		mall			Elizabet		arl	
Υe	es, no, or unknown)		r dates of service) 220-1	8-7217	Maynard E.	Cla	rk Reister	rry		
			one couse per line for (o), (b),						NETWEEN OF	NATE INTERVAL NSET AND DEATH
	IT I I I S	IMMEDIATE	(AUSE (a)General	ized Car	cinomatosis				21 :	mos.
	Conditions, if any	X which agus \	DUE TO, OR AS A CONSEQUE						1.	
- 1	rise to immediat	e cause (a),	(b) Care Inc	mart. b	reast				4	yrs.
-	stating the unde	rlying cause	(c)	NUE OF						
ŀ	PART 2 OTHER SI	GNIFICANT CONDIT	TIONS CONTRIBUTING TO DEATH	BUT NOT RELATED	TO THE TERMINAL DISEASE (OR CONDITION	GIVEN IN PART 1(0)			
~	110 X									
CERTIFICATION	190. DATE OF OPER	ATION 196. COI	NDITION FOR WHICH OPERATION	WAS PERFORMED	20a. AUTOPSY?		20b IF YES, WERE FINDINGS	CONSIDER	ED IN CE	RTIFYING
E	8-18-6	4 Ca.	rt. breast		VES 🔲 NO	CF (CAUSES OF DEATH?			
3	21a ACCIDENT W. OR CONTRIBUTING (If either, notify n	CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. Month Doy P.M.		HOW INJURY OCCURRED (E	nter nature o	af injury in Part 1 ar Port 1	2, Item 18.		
	21d. INJURY OCCL While Mot what work at work	IRRED 21e PL	ACE OF INJURY (AT HOME FARM, S OFFICE BLILOING,	STREET, FACTORY.) 21f			City ar Town	Count	'	State
	22a. I certify saw the causes st	that (I) (this? deceased aliv- ated above, (hospiral) oftended the de an le con le con vie le con	leceosed from_ 19, a w the bady afte	12-16-63 , 19 nd thot in (my) (60%) o r death.), te opinian de	o <u>4-13-68</u> , 1 eath accurred on the	date and	, that haur c	(I) (WE) los and from the
	22b. SIGNATURE	0, 2. 6	sples	7n. 2 DE		MED. DIRECTOR		- 15-6		
	22d. PHYSICIAN'S NAME (Type)	D. D.	Caples, N. D).	5 Hanove	r Rd.	, Reistersto	wn, I	Id.	21136
В	BURIAL, CREMATIO REMOVAL (Specify)	Apri	1 16.1968 1	ame of cemetery of	dge Cemete	erv P	OCATION (City or Town)	Bal	to.	(Stote) Md
24	FLINERAL DIRECTOR	libart	Owings M	DDRESS	2Sa. REC'	D BY REGIST	RAR 2Sb. REGISTRA	R'S SIGNATI	JRE	

TO HOSPITAL OR ATTENDING PHYSICIAN: The Taw requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. OFUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filed director, page 3 should be detached far use as the burial-transit permit. Then please remove carban paper-should be filed with the State Dept. of Health prior to burial, cremation, ar removal, and in any event, within 72 OM REV



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED NAME Middle Last 2a. DATE OF DEATH 26 HOUR death, funderal and (Type or print) 2 Pages The 6. AGE (In years 3 SEX FUNDER TYEAR van papers. Pages/ within 72 hours after DATE OF BIRTH IF UNDER 24 HRS last birthday) HOURS requires that the death certificate be executed within 24 hours at 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 70. BIRTHPLACE (State or foreign NEVER MARRIED country) physician and completely filled in DIVORCED [WIDOWED 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) during most of working life, even if retired.) INDUSTRY event, \ 13d USUA, RES. DENCE (Where deceased lived if institution: Residence before 13c CITY OR TOWN 3d INSIDE CITY LIM TS? 13e STREET AND NUMBER 13b. COUNTY and in any 14. FATHER'S NAME Middle Last 15. MOTHER'S MAIDEN NAME First Middle Last 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16b SOCIAL SECURITY NO Yes, no. or unknown) (If yes give war or dates of service) ar remayal, signed by the attending per burial-transit permit The burial, cremotian, ar remain 18 CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c)) BETWEEN ORSET AND DEATH PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if only, which gave) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) attending p prior to as the O FUNERAL DIRECTOR: After this certificate has been 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20o AUTOPSY? CAUSES OF DEATH? NO [YES 🔲 Health the haspital or 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) Ē OR CONTRIBLTING CAUSE OF DEATH HOUR A.M. Manth Day Year jo (If either, natify medical examiner) P.M. detached 21d INJURY OCCURRED 218. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21F. LOCATION Street or R.F.D. No. County State City or Town While Not while at work 22a. I certify that (I) (this hospital) attended the deceased from 2-2-2 1905 to # - (-, 1966, that (1) (we) last saw the deceased alive on 4 - 6 -_1965, and that in (my) (aur) apinion death accurred on the date and hour and from the O HOSPITAL OR ATTEND Poge 4 may be refouned should causes stated abave, (1) (we) (did) (did not) view the body after death. 22b SIGNATURE 22C DATE SIGNED ATTENDING STAFF director, page 3 should be filed v PHYS. DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23b DATE 23g BURIAL, CREMATION. 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) (State) (County) ADDRESS FUNERAL DIRECTOR 250. REC D BY REGISTRAR 25b. REGISTRAR S SIGNATURE VR A15 [4] > 30M REV 1/68



FOR STATE Iny detay is 2, and 3 to Poge in pencil in Item 18. Give Poges 1, the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form This certificate should be executed within 24 hours ofter deatnecessary, please execute the certificate, writing the word "pending ICAL EXAMINER:

DEPT

5 may be retained for your files.

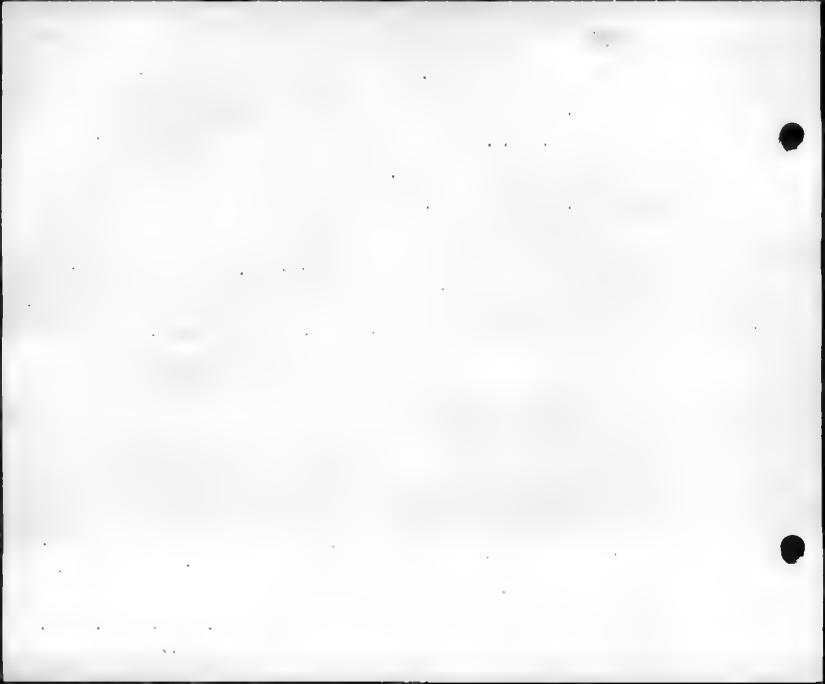
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Heath prior to burial, cremation, or removal and in any event within 72 hours after death

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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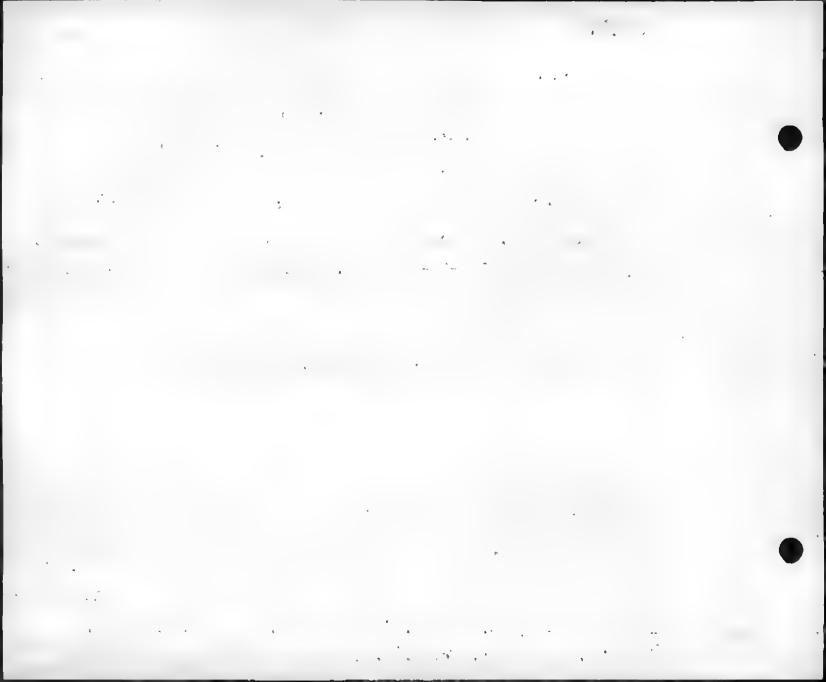
10 HOSPITAL OR ATTENDING PHYSICIAN: The law reguires that the death certificate be executed within 2 Page 4 may be retained by the haspital ar attending physician

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

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н	saw	the deceased a	live on APRT	I 10 19 lid not) view the b	68, and t	hat in (my) (aur)	apinion o	deoth occurre	d on the d	ote and hour	and from the
ч	cause	es stated above	, (I) (we) (dìd) (c	fid not) view the b	ady after dec	ith.					
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

- 1	1 00	CEASED-NAME	Ernst		Modella		Look		20. DATE OF	DEATH		Total House
		Ype or print)	5YD	NIE	Middle	000	Lost CHRAN	E		Month 3 3 Day	19 28	2b. HOUR
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		stating the under	erlying cause	(c)	AS A CONSEQUENCE OF	Cystatis	z esc	an du	7	Meder	النعلاط .	his
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		22b. SIGNATURE) Eker	2 0. B	eter	DEG	11113	MEI DIR	D ECTOR	STAFF 22c. 1	DATE SIGNED 24.	-68
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	É	BURIAL, CREMATIC	1 4	ATE - 25 - 19	268 23c. NAME OF	wed to	Det za Ch	י רכי	ىتى	R)(City or Town)	County)	(State)
0	24	FUNERAL DIRECTOR	?	171	ADDRESS	1, 1	2So.	APP RBY	PEGISTRAP	25b REGISTRAR'S	SIGNATURE	

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Page should be filled with the State Dept of Health prior to burial, cremation, ar removal, and in any event, within 72 hours after the state Dept.

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after death.

Poge 4 may be retained by the haspital or attending physician.



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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			ited above,	(I) (ye) (did)	(did nat) view the	ady after de	ath.				
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_		NAME (Type)	,	1) 7	Ditchell	/	Greater B	alto.	. Med. Center,	Towson	ı, Md.
/	23a	8URIAL CREMATION	l, 23b D	ATE	23c NAME OF C	EMETERY OR C	REMATORY	23d	LOCATION (City or Town)	(County)	(State)
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	24	FUNERAL DIRECTOR			ADDRESS		2Sa. REC'D	BY REGI	STRAR 25b. REGISTRAR S	SIGNATURE O	
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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers, rages and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 house after weath VR A15 (4) 30M REV 1/68

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Poge 4 moy be retained by the hospital or attending physician.



05206

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

> 0 4 P

CERTIFICATE OF DEATH

- 1		CEASED-NAME	First		Middle		Lost		20 DATE OF			2b	HOUR
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filed in the funeral director, page 3 should be detached far use as the burial-trans; permit. Then please remove carban papers, Pages 1 and 2 and 2 and 2 and 2 beautiful to the page 3 should be filed with the State Dept. of Health priar to burial, cremation, ar removal, and in any event, within 72 hours after death.

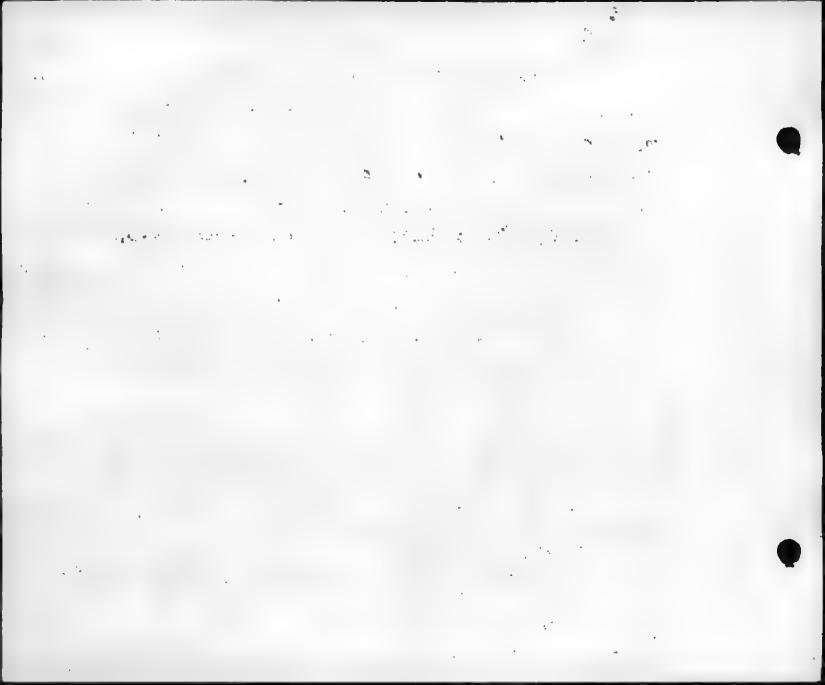
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-hours after death

Page 4 may be retained by the haspital ar attending physician.

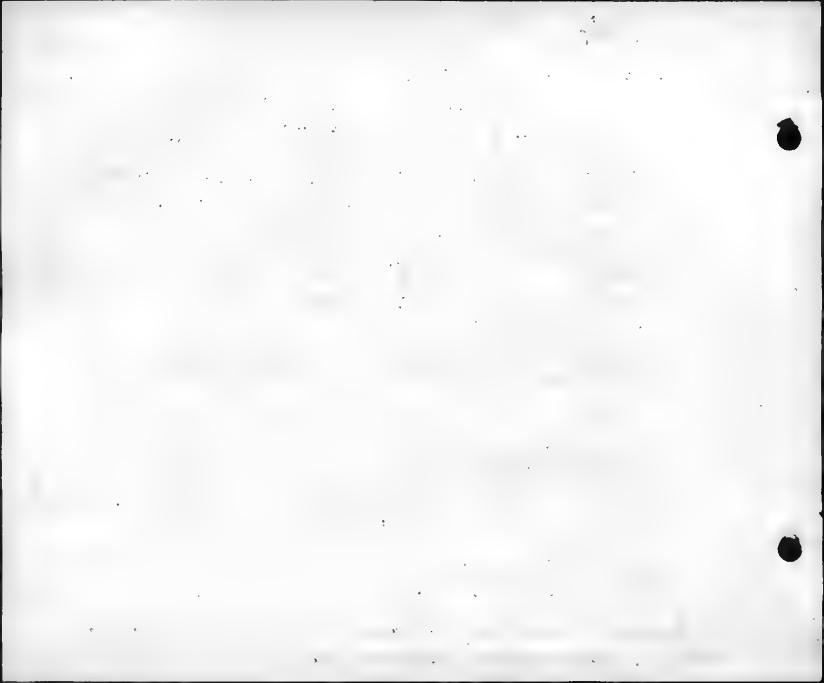


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED NAME First Middle 20. DATE OF DEATH that the death certificate be executed within 24 haurs after death (Type or print) Menth and campletely filled in by the fugeral 3. SEX 4. RACE DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthagy) MALE To BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH ban papers. within 72 ho Baltimore WIDOWED | DIVORCED [10 CITY OR TOWN OF DEATH 2g USJAL OCCJPATION (Kind of work done 11 NAME OF HOSPITAL OR INSTITUTION (if not in hospital 126 KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY Catonsville DUSINESS SAME TRUCKING 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e STREET AND NUMBER 33d INSIDE CITY LIMITS? 14 FATHER'S NAME M ddie Lost 16b SOCIAL SECURITY NO 17 INFORMANT Address Yes, no, ar unknown) (If yes give war or dates of service) 0 ar remayal, attending phys 3208 TOLEDO Josen 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: MYOCARDIAL IMMEDIATE CAUSE (a) crematian. DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) TERIOSCLEROTIC HEART DISEASE **burial-transit** nse to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause signed 1 SENILITY PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) prior tal O FUNERAL DIRECTOR: After this certificate has been 19a. DATE OF OPERATION 9b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO -21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, natify medical examiner) P.M etached / AT HOME FARM, STREET, FACTORY, \ 21f. LOCATION Street or R.F.D. No. 21d INJURY OCCURRED 21e. PLACE OF INJURY City or Town Caunty State While Not while at work 22a. 1 certify that (this haspital) attended the deceased from JULY 13, 19 07, to ADILL 3, 19 00, that (N) (we) last saw the deceased alive an ADILL 3 19 00, and that in (my) (20%) apinion death accurred an the date and haur and from the causes stated abave, (1) (see) (did) (didagot) view the body after death. 22b SIGNATURE 22c DATE SIGNED ATTENDING DEGREE director, page shauld be filed PHYS DIRECTOR PHYS. 22d. PHYSICIAN'S 22e ADDRESS Baltimore, Maryland NAME (Type) 6 ROVE 23g BURIAL, CREMATION, LOCAT (State) (County) FUNERAL DIRECTOR 29b. REGISTRAR S SIGNATURE VR A15 (4) 30M REV 1/68

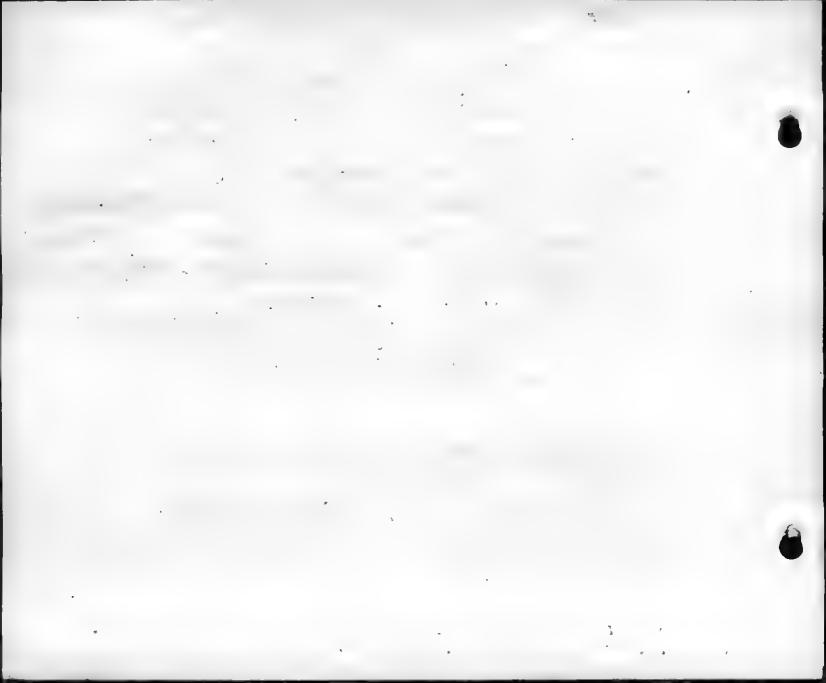
MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle 2o. DATE OF DEATH 2b HOUR death 55 PM within 72 hours after 4 RACE S. DATE OF BIRTH 6 AGE (n years IF JNDER I YEAR IF UNDER 24 HRS. last birthdoy) MONTHS : BOURS WHITE FEMALE 1-15physician and campletely filled in by 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH requires that the death certificate be executed within 24 hour To BIRTHPLACE (State or foreign 8 MARRIED | MEHICAN the attending physician and variety of papers. U.S.A IRELAND Baltimore County WIDOWED III DIVORCED [12a USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospito 12b. KIND OF BUSINESS OR give street oddress) Mt. Wilson State Hosp. during most of working life, even if retired | INDUSTRY TEACHER VISITATION Mount Wilson 130 JSUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 13d. INSIDE CITY JAHTS? 13e STREET AND NUMBER admission) STATE 13b. COUNTY YES 🔀 NO ROLAND AVE BALTIMORE 14 FATHER'S NAME IS MOTHER'S MA DEN NAME First Middle JOHN CROTTY MARGARET DEVINE 16b. SOCIAL SECURITY NO. 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes give war or dates all service) Yes, na. ar unknown) 220-54-2916 Records, Mt. Wilson State Hospital APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (0) FAR ADVANCED PULM T. B DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave) buriol-transit rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF signed by physician. stoting the underlying couse! PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) use as the talth priar talt has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🗀 NO 🗷 the haspital ar 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c, HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) ā OR CONTRIBUTING CAUSE OF GEATH HOUR A.M. Month Doy Year (If either, natify medical examiner) P.M. 21d INIURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM STREET, FACTORY,) 21f LOCATION Street or R.F.D. No. City or Town County Stote While Not while at work 22a. I certify that (1) (this haspital) attended the deceased fram 1-25, 1964, to 4-7-, 1967, that (1) (we) last O FUNERAL DIRECTOR: After saw the deceased glive an 47-7- 1966, and that in (my) (gur) apprian death occurred on the date and haur and from the be retained causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b SIGNATURE 22c. DATE SIGNED **ATTENDING** MED. DIRECTOR STAFF PHYS. DEGREE director, page shauld be filed PHYS 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) William Newcomer, M.D. Mount Wilson, Maryland 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) 23b. DATE (County) (State) BURTAL MD. 9/68 BALTIMORE, CATHEDRAL 24. FUNERAL DIRECTOR VR A BOYA MEARS & SON 805 N. CALVERT ST. 30M REV



		Ιt	MARYLAND STATE DEPARTMENT OF HEALTH	
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	西 年 1 年 1 年	MEDIC	If either, notify medical examiner) P.M. 19	
	PHYSIC ne hospi this cert etached Dept. a	2	21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No (ity or Town County Stote	
	w t ± p ∘	П	While Not while Office Building, Etc.	_
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	O HOSPITAL Page 4 may O FUNERAL I director, pag shauld be fil		NAME (Type) E. EHSHITI SIMIS 1801-REDERICK RD; BALTIMORE 43	
	Page of Full shault	230	BURIAL, CREMATION, 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State)	
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	VR A15 (4) 30M REV 1/68	14	W. MEARS & SON 805 N. CALVERT ST 250 REC'D BY REGISTRAR 250. REGISTRAR S SIGNATURE	
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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rtificate had far use of Health		E :	210 ACCIDENT WAS UND TO CAUSE		IRY Inth Day Yeor	21c. HOW INJURY	OCCURRED (Enter no	ature of injury in Part 1 or Port	2, Item 18.)	
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ECTOR: After this cert 3 shauld be detached with the State Dept. a		*	21d. INJURY OCCURRED While Not while	218 PLACE OF INJURY (AT HO	DME, FARM, STREET, FACTORY.) E BUILDING, ETC.	21f LOCATION S	treet or R.F.D. No.	City or Town	County	State
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the the		П	couses stoted of	bove, (I) (we) (did) (did	net) view the body	ofter death.	(my) yours opinic	on deom occurred on me	dore one nour	
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			1	Many	sier mo	DEGREE PHYS	ADING MED DIRE	CTOR PHYS.	4/28/6	38
A B			22d. PHYSICIAN'S NAME (Type)		ı	22e	ADDRESS		/ /	~
O FUNERAL DIRECTOR: director, page 3 shauld should be filed with the										
	20	23a.	BURIAL, CREMATION, PEMOYAL (Specify) CIPCIDE L'IOTI	23b. DATE	23c. NAME OF CEMET			23d LOCATION (City or Town)	(County)	(State)
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours aften Page 4 may be retained by the haspital ar attending physician.



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the fundral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 7 and 2 should be filled with the State Dept. of Health prior to burial, cremation, ar removal, and in any event, with n 72 hours after death. eath. O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 houss after RULEASED BY MEDICAL EXALINER Page 4 may be retained by the haspital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

5215

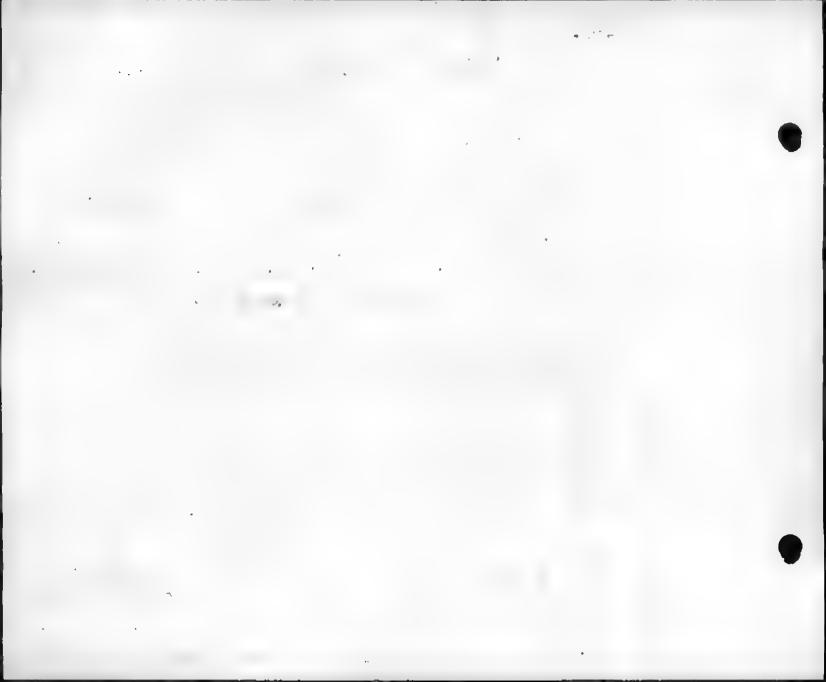
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		RTHPLACE (State or foreign	76. CITIZEN OF WHAT COUNTRY	8 MARRIED	NEVER MARRIED	9. COUNTY OF DEATH	
	COUR	aryland	U.S.A.	MIDOMED		Baltimore,	Md,
10	0 0	ITY OR TOWN OF DEATH		TAL OR INSTITUTION (If n		L OCCUPATION (Kind of work done	
	T	owson	give street oddress	EPH HOSPIT	AL Hon	ost of working life, even 'f ratired)	
			sed lived, if institut on Residence	e before 13c CITY OR			
_	М	aryland	13b. COUNTY	Balti	more YES NO	3009 Linwood	d Ave.
1	4 F	ATHER'S NAME First	Middle		MOTHER'S MAIDEN NAME F		Lost
		JSSAC		DDY	MATILDA	BISCOE	
1		WAS DECEASED EVER IN U.S. AR es, qo, or unknown) BI yes give	MED FORCES? 16b. SOCIAL	SECURITY NO. 17	NFORMANT 1 C.	Address Address	1/40
		No		74	1. Alcalin Asse	lfith - 309 S.	
			my one couse per line for (o), (b)		, ,	,	APPROXIMATE INTERVAL GETWEEN ONSET AND DEATH
		PART 1. DEATH WAS CAUSI IMMED	ED BY: NATE CAUSE (o) Multip	le myeloma			
		203 X	DUE TO, OR AS A CONSEQU	JENCE OF			
		Conditions, if ony, which gove					
		rise to immediate couse (a), stating the underlying couse		JENCE OF			
		last.	(c)				
			ONDITIONS CONTRIBUTING TO DEA	TH BUT NOT RELATED TO	THE TERMINAL DISEASE ORC	ONDITION GIVEN IN PART 1(c)	
	N	203x					
	CATIC	190 DATE OF OPERATION 196	CONDITION FOR WHICH OPERATION	N WAS PERFORMED	20o. AUTOPSY?	20b. IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CERTIFYING
	CERTIFICATION				YES NO 🔀		
		216 ACCIDENT WAS UNDERLY		Year 21c H	DW INJURY OCCURRED (Enter	noture of injury in Port 1 or Port 2	, Item 18.)
	MEDICAL	(If either, notify medical exam	niner) P.M.	19	<u>.</u>		
	W	21d INJURY OCCURRED 216 White Not white	B. PLACE OF INJURY (AT HOME, FARM OFFICE BUILDIN	STREET FACTORY,) 21f LO	CATION Street or R.F.D No	City or Town	County State
		ot work of work					
		22a. I certify that OL(t	his haspital) attended the	deceased fram	3/30/ 19_6	nian death accurred an the d	9 <u>68</u> , that 4) (we) last
		saw the deceased	alive an <u>4/4/</u> /e, (I) (we) (did) (did nat) v	iew the hady after	a that in (my) (aur) api Teath	nian death accurred an the d	sare and havr and tram the
		22b. SIGNATURE	(a) (me) (ma) (ma mai) a	ioss the body dilet	***	220	DATE SIGNED
		1/ich;	an Phupo	ledes DEGI	EE PHYS D		ril 4, 1968
		22d. PHYSICIAN'S			22e. ADDRESS		
		NAME (Type) Vich	ian Phupakdi, N	I.D.	7620 York	Rd., Towson, Md	. 21204
2	30			NAME OF CEMETERY OR	CREMATORY	23dOCATION (City or Town)	(State)
	3	OREMOVAL (Specify)	4-6-68 4	LOODLAW.	v Cem.	SALTO. 11	MB,
		FUNERAL/DIRECTOR/	1166	ADDRESS	2So REC D B	Y REGISTRAR 2Sh REG.STRAR	SSIGNATURE
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FOR STATE HEALTH OPPING HEALTH O	1	1	MARYLAND STATE DEPARTMENT OF HEALTH
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Donn T. Dat ton To Date of the process of the proc	ho ther lan after	19	
No 219-36-0763 Margaret L. Dalton White Hall Md. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I DEATH WAS CAUSE DBY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF (d) DUE TO, OR AS A CONSEQUENCE OF (d)	S S S	160	WAS DESCRIPTIVE AND THE PROPERTY AND THE
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21b TIME OF N.JRY Month, Doy, Year HOJR A M PR MARY OCCURRED OF CONTRIBUTING PAM NOR CAUSE OF DEATH P.M. 19 21d .NJURY OCCURRED 21e PLACE OF N.JRY (At home, form, street, foctory, office building, etc.) 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2 Item 18) 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2 Item 18) 21d .NJURY OCCURRED 21e PLACE OF N.JRY (At home, form, street, foctory, office building, etc.)	cert aula es hau ian,	PICAL	
NJURY OCCURRED 21e PLACE OF N.JRY (At home, form, street, foctory, office building, etc.)	He sh	¥	and the state of t
2 T D 20	~ = B ~ ^		AT WORK AT WORK
22a. I certify that I took charge at the remains described above, held an Autopsy , Inspect on , Inquiry , and in my opinion death resulted from. Notural causes // Accident , Suicide , Hamicide , Undetermined manner	Pace Far far far far far		22a. I certify that I took charge of the remains described above, held an Autopsy , Inspect on , Inquiry , and in my opinion
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death resulted from. Notural couses [2]: Accident [], Suicide [], Homicide [], Undetermined manner []	direct to to to to		CHIEF MEDICAL EXAMINER
SIGNATURE 1-/h. Transcript M.D. ASS STANT MED. CAL EXAMINER 226 DATE SIGNED	AL P		SIGNATURE
DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY	y be here		EXAMINER'S DEPUTY MEDICAL EXAMINER P 4/29/69
	Leaf Fill		
230 DATE 236 NAME OF CEMETERS OR CREMATORY 236 NAME OF CEMETERS OR CREMATORY (COUNTY) (Store)	2== 02=13	230	REMOVAL (Specify)
Burial 5/2/1968 St. Johns Hyde Baltimore Marylane ADDRESS 250 RECD BY REGISTRAR 5 SIGNATURE ADDRESS 250 RECD BY REGISTRAR 5 SIGNATURE	170	2	Burial 15/2/1968 St. Johns Hyde, Baltimore, Marylan
Charles III II I	VR A15ME (5)		the state of the s
Charles E. Kurtz Jarrettsville, Ed. DATE MAY 0 1 1968 Charles years	TOM REV 1/68		21084 MAY 0 1 1968



		35214	DIVISION O			TE OF DEAT		E, MARYLAND 21201	e an	1.5
1		CEASED NAME ype ar print)	First RALPH	Middle EARL	DAW	last SON	20.	DATE OF DEATH Month APRIL D	°'1 1 ['] 968	25 HOUR 2:30 MV
1	3 SE	X ALE	4 RACE NEGRO		S.	2/3/32		6. AGE (In years last birthday) 30 YR	1F UNDER 1 YEAR MONTHS DAYS	IF JNDER 24 HRS HOURS . MIN
	7a B caun N	IRTHPLACE (State or fore	NA U.S.A		WIDOWED	NEVER MARRIED	BA	INTY OF DEATH? LITIMORE COUN		Md.
æ	F	ORT HOWARD	9l¥	NAME OF HOSPITAL OR IN estreet address) ET ADM H	OSPITAL	quui	CABORI	JPATION (Kind of work dane working life, even if retired	12b KIND OF IND. STRY SHIP	BUTILDING
ń	admi	ssian) STATE MARYTA		- 6	BALTI	ORE YES	NO	13e STREET AND NUMBER 1103 N. Ful	ton Aven	
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			IMMEDIATE CAUSE (a) DUE TO, OR (h gave)	RONCHOPNEUM AS A CONSEQUENCE OF ONCHOGEN IC	MONIA CARCING	MA LEFT I	UNG W	TITH METASTAS	RECEA	NSET AND DEATH
	THON	lost.	ANT CONDITIONS CONTRIE		OT RELATED TO T	1				ERTIFYING
	CERTIFICATION	21a ACCIDENT WAS UN					0 🔲	CAUSES OF DEATH?	term 10\	
	MEDICAL (OR CONTRIBUTING CAL	ISE OF DEATH HOUR A.M. IL examiner) P.M.	. Manth Day Year	9				t, tietti 16.)	
		21d INJURY OCCURRED While Not while of work		(AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.				City or Town	County	State
		22a. I certify that saw the dece- causes stated	(this haspital) at ased alive an H/Labove, (H) (we) (did	tended the deceas	ed_fram_=/ 19, and t bady after de	hat in (1994) (aur) ath.		ta_以1/60 1 death accurred an the d	9, that date and haur	(4) (we) last and from the
		22b. SIGNATURE	Cher	Juvan	DEGREE	11119.	MED DIRECTO	R STAFF PHYS.	LATE SIGNED 4/2/68	
1		22d PHYSICIAN'S NAME (Type)	PETER N	UVAN, M. D	•	VAH FOR		MARYLAN	D	
2	230	BUR AL, CREMATION, REMOVAL (Specify) BUR LAL	236 DATE 4-5-6	///	CEMETERY OR CENATIONAL	CEMETERY		BALTIMORE		(State)
1	24	FUNERAL DIRECTOR		ADDRES:		250 RE	C'D BY REGI	ISTRAR 2Sb. REGISTRAF	S'S SIGNATURE	

Page 4 may be retained by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fameral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers Pages 1 and 2 shauld be filed with the State Dept. af Health priar to burial, cremation, ar removal, and in any event, within 72 hours afford death. VR A15 (4), 30M REV 168

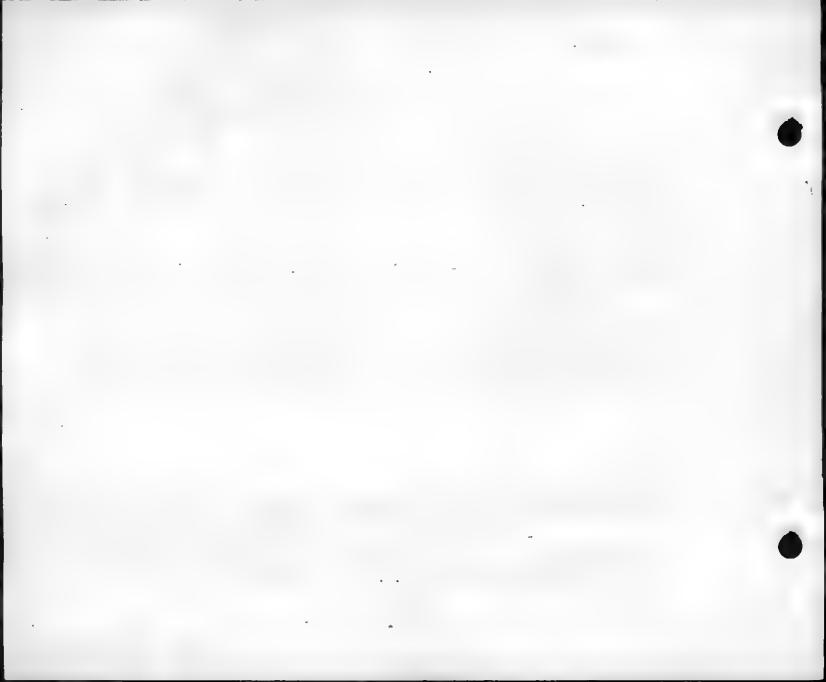
10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

MORTON & DYETT FUNERAL HOME 1701 LAURENS, BALTIMORE, MARYLAND

DATE APR \$4 1968

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1		MARYLAND STATE DEPARTMENT OF HEALTH	
TO COLOR	I	tem 13e Film Sylval Records, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	** 4 *}
FUR STATES		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
Page of in the state of the sta		DECEASED NAME First Middle CALVIN Martin DEAN 20 DATE KNOWN X Month D OF ESTI- DEATH MATED CALVIN	Yeor 2b HOUR
Par Par Par	3 S		2d HOUR
bw delice		Male White 8-14-95 72 YRS April 24,	Year 1968 1:20m
등 어 의		BIRTHPLACE (Stote or foreign 75 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	AM
form form	<u></u>	Maryland USA WIDOWED DIVORCED BAILTINGTE	Mo
er deoth Sive Pogr ng with the Sta	10		2b KIND OF BUSINESS OR IDUSTRY
or d	12-	Catonsville Spring Grove Hospital	
wit wit	0	OUSUAL RESIDENCE (Where deceosed lived, if institution Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND ALLMBER COUNTY Baltimore Catonsville YES \(\sum \text{NO} \sum \sum \text{Spring Gove St}	noice Lane /ate//Hospi/t/a/1
hours Item 18 Office Iond 2	14.	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Lost
24 tin 14 rs 0 rs 0 rs 0 rs 0	L	Martin Dean Rebecca	Dean
		. WAS DECEASED EYER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT ADDRESS 17 INFORMANT ADDRESS	21229
l within n pencil Exomine File pogo	-	WWI 212-10-1161 Mrs. Gladys A. Dean. 1031 Maiden	
ed in all End		18 CAUSE OF DEATH (Enter only one couse per ne for (o), (b), ond (c)) PART I DEATH WAS CAUSED BY	APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
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be executed "pending" in itef Med.col E ansit permit. F event within		Conditions, if only, which gove) Conditions, if only, which gove) Cirrhosis of liver	
d be d "pe Chief ransi		ase to immediate couse (a), (b)	
oul war he ial- an		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
the who	i	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE FERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
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certifi , wr.ti orwor used o	NO 1	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION	20 ALTOPSY?
cate, v	CERTIFICAT	WAS PERFORMED?	YES 🔀 NO
Thi first be ld be		2 o EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item	18)
INER: T should b files. 3 should	MED.CAL	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P M 19	
= 9 × + ∞ 5	M.	21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, factory, office building, etc.) 21f OCATION Street or R.F.D. No.	County State
EXAM ute th age 4 your Page , crem		WHILE AT WORK AT WORK	
ICAL E		22a certify that I taok charge of the remains described above, held on Autapsy [X], Inspection [], Inquiry [],	and in my apinian
		death resulted fram: Natural causes 🕱 Accident 🔲, Suicide 🗍, Hamicide 🔲, Undetermined manner 🗌	
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도 만등 트를 일 Mil		SIGNATURE MD. ASSISTANT MEDICAL EXAMINER IX	
DEPUTY ccessory, F er funerol may be r FUNERAL golth price		EXAMINER'S Charles S. Springate, M.D. DEPUTY MEDICAL EXAMINER April ADDRESS(Street, city, town, or county)	1 4, 1968
o DEPUTY necessory, the funerol 5 may be O FUNERAL Heolth pri	230		(Stote)
	1	REMOVAL (Specify) Burial 4/8/68 Loudon Park Cemetery Baltimore	Md.
ar		FUNERAL DIRECTOR ADDRESS 250 REC D BY REGISTRAR 250 REGISTRAR 5 SIG	
VR A15ME (5)		Howard H. Hubbard, 4107 Wilkens Ave. 21229 DATE APR R _ 1968 Pelian	as Judge



35216

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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	ECEASED-NAME First	st VIMA	M.ddle M.	Last DEIGER	T	2a. DATE OF D	11 -1 6 1	Day 1968	2b. HOURA 5:45 M
3. SE	FEMALE	4. RACE	HIE	s. date of i	BER 8, 1		6 AGE (In years lastes though	IF UNDER 1 YEAR MONTHS DAYS	
7a E cour	BIRTHPLACE (State or foreign ntry) MARYLAND	76 CITIZEN OF WHAT CU.S.A.	WIDO	.0=0	RRIED 7	COUNTY OF C	IMORE,		Md
10. (CITY OR TOWN OF DEATH TOWSON	11 NAME (OF HOSPITAL OR INSTITUTION CONTROL OF HOSPITAL PROPERTY OF THE	(If not in hospital OSPITAL	during max	tetyerkiæk	Kind of wark don farreven if retired	12b KIND (INDUSTRY	OF BUSINESS OR
	USUAL RESIDENCE (Where decension) STATE MARYLAF			Y OR TOWN	YES NO	1	ET AND NUMBER 9 BELAIR	ROAD ;	#21236
	FATHER'S NAME First JOSEP WAS DECEASED EVER IN U.S. A		Last Tremper SOCIAL SECURITY NO.	15 MOTHER'S N	MAIDEN NAME Firs	t Anna	Middle		lost rulp
		e war or dates of service)	217-21-7710		onh D. De	eigert.			_21051
ATION		DUE TO, OR AS A (c) POI ONDITIONS CONTRIBUTING	SCOSS SIGMOS CONSEQUENCE OF ritonitis TO DEATH BUT NOT RELAT	(d) Feca		NDITION GIVEN	YES, WERE FINDING	S CONSIDERED IN	CERTIFYING
MEDICAL CERTIFICATION	3/20/68 S 21a ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE OF D (If either, notify medical exautable) 21d. IN.JRY OCCURRED 22	EATH HOUR A.M. M	oration post JRY lostomy 2 onth Day Yeor	1c HOW INJURY O	CCURRED (Enter n	nature of injury	in Port I or Part or Town	2, Item 18.) County	State
	22a. I certify that (a) (ed the deceased from	FEBRUARY , and that in (r		, to <u>APR</u> ian death a		19 <u>68</u> , the	at (K (we) las or and from the
	Aniba	l Escobar, l		DEGREE ATTEND PHYS.	DIR DIR	ECTOR L	STAFF PHYS	pril 4,	
	NAME (Type)	ubal Esc		76	20 York		owson, l	ld. 2120	4
230	Drawalla to f i	DATE 4-6-1968	Moreland				(Gty or Town) timore	(County)	(State) Md
24	FUNERAL DIRECTOR	val Heme	ADDRESS 740, BUR	36 R-1	2So REC'D BY DATE	RELISTRAR 19	368 ^b RESPEC	RS SIGNATURED	udge

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in Dy-me director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages should be filed with the State Dept. of Health priar ta burial, cremation, ar removal, and in any event, within 72 haurs after VR A15 (4) 30M REV 1/68

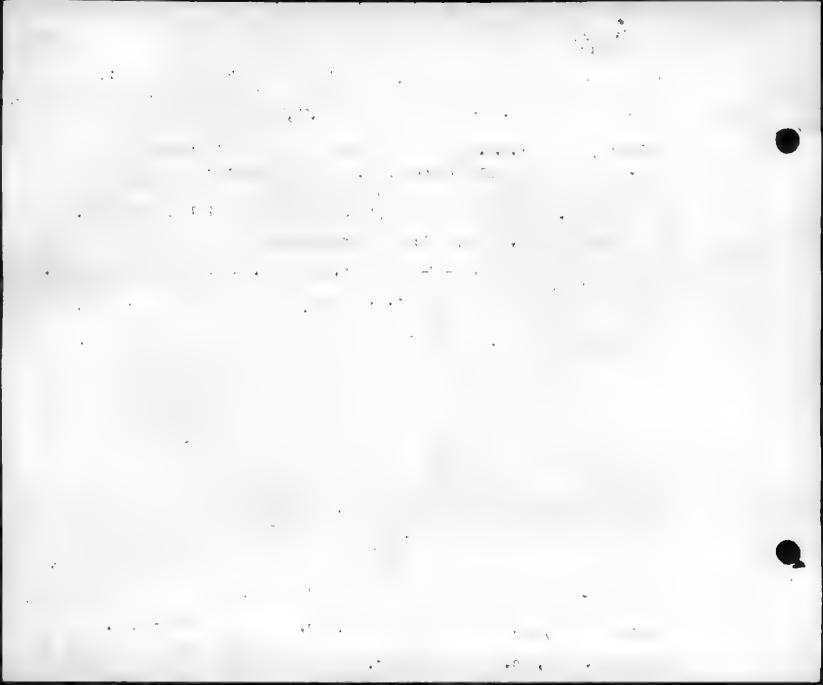
death.

TO MOSMITAL OR NITHINGING MAYMICIAN: The law requires that the death certificate be executed within 24

Page I may bill retained by the llaspital ill attending physician.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME First Middle 2g. DATE OF OFATH 2b. HOUR death. ond (Type or print) Month APR m. 3. SEX S. OATE OF BIRTH 6. AGE (In years 4 RACE Pages last birthday) papers Page 86 Fab. 27.1882 White Famala 7a BIRTHPLACE (State or foreign 7b. CIT ZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED T NEVER MARRIED country) WIDOWED-DIVORCED [requires that the death certificate be executed within 24 Tridiana 10 CITY OR TOWN OF GEATH Baltimore and campletely filled I NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 126. KIND OF BUSINESS OR during appearate working I fe, even if retired) 27 Test Offinbarton Rd. INDUSTRY carban #IX Towson 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d. INSIDE CITY JIMITS? 13e STREET AND NUMBER admission) STATE 13b. COUNTY remave 211 Numberton Rd Raltimore any 14 FATHER'S NAME 15 MOTHER S MAIDEN NAME First Hugh Fitzpatrick Mary Mullin please 17 INFORMANT 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO Address Yes, no, or unknown) (If yes give war or dates of service or remayal, 215-30-0940 Mrs. Amelia E. Donohue 211 Dumbarton Rd. E 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) ACUTE MYOCARDIAL INFRECTION crematian, 1) ARTEIO SCLEROTIC CARDIOVASCULAR Conditions, if any, which gave) burial-transit rise to immediate couse (o), 3 DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause III Bulling PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) as the priar ta haw billing 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES 🖂 NO TV this certificate 21g ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Doy Year ept. af (If either, notify medical examiner) P.M. detached 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY) 21f LOCATION Street of R.F.D. No. Gity or Town County State While Nat while at work TIMERAL DIMECTOR: After 22a. I certify that (I) (this hospital) attended the deceased from 30-saw the deceased alive an 6 APR 1968, and that in (. 19 6 5, to APR . 19 6 8, that (I) (we) last ĝ, 19 68, and that in (my) (out) apinion death accurred an the date and hour and from the shauld causes stated abave, (1) (we) (did) (did not) view the bady after death. 22h SIGNATURE 22c. DATE SIGNED ATTENDING STAFF PHYS. director, page DIRECTOR 22e ADDRESS 22d. PHYSICIAN S NAME (Type) JALVATORE 7418 STANMORE CIT BALTO, MI NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, 23b DATE 23d LOCATION (City or Town) (County) REMOVAL (Specify) Baltimore .Md. New Cathederal Cem. 1/10/68 250. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR ADDRESS Leonard J. Ruck, inc. 5305 Harford Rd. DATE



35218

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

- 175	
- 2	
-	

£ _ ~ [a]	1. D	ECEASED NAME	First	Middle	Last	20	DATE OF DEATH		м	2b. HOUR
E B B	1	Ype or print)	John Irvin	XXXXXXX	Denbow	, Sr.	Month 4	21	Year 68	5:15P
2 2-	3 SI	X	4. RACE		S DATE OF BIRT	тн	6 AGE (in	yeors IF	F JNDER I YEAR	TE JINDER 24 HRS
a a a a		Male	Cauc	asian	10/29	/11	last birtho	YRS.	ONTHS OAYS	HOURS MIN
haurs of the hours of the hours	7o.	BIRTHPLACE (State or foreig	gn 76 CITIZEN OF WHAT O	OUNTRY? 8. MAR	RIED NEVER MARRI		UNTY OF DEATH			
章 := 85g = 1	cau	Maryland	U.S.A.		WED DIVORC		Baltimore	2		N
n 2 pap pap	1D. (ITY OR TOWN OF DEATH	11 NAME (OF HOSPITAL OR INSTITUTIO	N (If not in hospital	12a USUAL OCC	CUPATION (Kind of wo	rk done	12b. KIND OF	BUSINESS OR
id file A on with	l	Saltimore	Great	oddress) er Balto. Mo	ed. Center	dering most of	working life, even if	retired.)	INDUSTRY	in
d w lete carb	130.	USUAL RESIDENCE (Where	deceased lived, if institution	Res dence before 13c Cl	TY OR TOWN 13	Ed. INSIDE CITY LIMITS?	130 STREET AND NU	IMBER		-
cute amp ave eve	odm	ission) STATE	ad 13b COUNTY	Ba	ltimore	YES NO	3308 Woo	dstock	Ave.	
exe id ca smo any	14.	FATHER'S NAME First	Middle	Last	15. MOTHER'S MAIL			Middle		Lost
be re re rin din		Samuel	Dembow		Sena	Martin				
ate iciar leas anc		WAS DECEASED EVER IN U		. SOCIAL SECURITY NO.	17. INFORMANT		*	\ddress		
requires that the death certificate be executed within 24 haurs after leath g physician. signed by the attending physician and campletely filled in by the funeral suburial-transit permit. Then please remove carbon papers. Pages 1 and a bunal, crematian, ar removal, and in any event, within 12 hours with death		(es, no No unknown)	2]	2-09-1454	Mildred E	Denbor	w, 3308 Wo	odstoc		
The The	Г		nter only one cause per line fo	or (a), (b), and (c).)					APPROXIN	MATE INTERVAL NSET AND DEATH
andir nit. ar re		PART I. DEATH WAS	CAUSED BY: MMEDIATE CAUSE (g) Se	psis and co	ngestive h	eart fai	.lure			
an, a			DUE TO, OR AS A	CONSEQUENCE OF						
the sit in		Conditions, if any, which		ltiple hepai	tic absces	ses				
that an. by ran ran		rise to immediate cous stating the underlying	couse DUE TO, OR AS A							
physician. physician. signed by the burial-transit		last	1-1	rcinoma of						
sign burn burn			ANT CONDITIONS CONTRIBUTING			DISEASE OR CONDIT	TION GIVEN IN PART 1	a)		
w re ling sen the	No		lerotic cardi							
The law ratending has been se as the h priar to	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR WHICH (OPERATION WAS PERFORME			20b IF YES, WERE F CAUSES OF DEATH?		SIDERED IN CE	RTIFYING
문 ■ 국 ss 푼	R				YES X	NO 🗌		Yes		
골 ○ ← . ×		2) a. ACCIDENT WAS UND		URY :	FC HOW INJURY OCCU	RRED (Enter natu	re of injury in Part 1 i	or Port 2, Iter	n 18.)	
こさまった	MEDICAL	(If either, notify medicol	exominer) P.M.	19						
P TY	2	21d INJURY OCCURRED While Not while	21e. PLACE OF INJURY (AT P.	CE BUILDING, ETC.	21f. LOCATION Street	or R.F.D. No.	City or Town		County	Stote
det det		agt work at work —	0 61 1 . 1 . 1	1.1 1 1.5	7777	10.60	6/21	10.6	0 41 1	70.7
by the After the be de Stote		22d. I certify that {	(I) (this haspital) attendence sed alive an 4/21	ed the deceased from 1968	n/ Z/	, 19 <u>_00</u> _) (aur) aninian	, 10 <u>4/41</u> death accurred a	n the date	and haur	(I) (We) Id
OR: OR: h the		causes stated	abave, (I) (we) (did) (did	nat) view the body o	fter death.) (dar) apililali	dodin decontra d	ii iiio adio	dird riddi (and nem n
retained ECTOR: A Shauld with the		22b. SIGNATURE			ATTENDING	MED MED	RZT STAFF C		TE SIGNED	
A may be retained AFRAL DIRECTOR. A CO., page 3 should lid be filed with the		Volu	w Z. Hall		DEGREE PHYS	DIRECTO	OR PHYS.] '	4/21/6	8
IAI AIL CAL CAL CAL CAL CAL CAL CAL CAL CAL CA		22d. PHYSICIAN'S NAME (Type)	T-1 E A.1	M D	22e ADDR		Chamles	Channe	_	
Pog. 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the			John E. Adams		<u> </u>		. Charles			
S P P P P P	23 a	BURIAL, CREMATION, REMOVAL (Specify)	23b DATE	23c. NAME OF CEMETER	Y OR CREMATORY	236	LOCATION (City or To		(County)	(State)
T 5 2 0 0		REMOVAL (Specify)	4-25-68	Mt. Zion	17	oc. prein by per	Harford C			
VR A15 (4)	24.	FUNERAL DIRECTOR	Puels Two E	ADDRESS		250. REC'D BY REC	SISTRAP 25b RI	Charle	MAHUKE	*
30M REV 1/68		Leonard J.	Ruck, Inc., 53	DOJ DELIGIO	Itu.	DATA TO	-		0	



	06213	<u>}</u>	C	ERTIFICA	ATE OF DEATH				95.	223
	ECEASED-NAME	First	Middle		Last	2a. [DATE OF DEATH			2b. HOUR
[1]	(ype or print)	Mary.	E.	De	Witt		Manth	Dgy	Year 8	M
3. SE		4. RACE			S. DATE OF BIRTH		6 AGE (In		INDER I YEAR	IF JMDER 24 HRS HOURS MIN
	Female		/hite		12/13/90		lost burt	YRS	UATS VATS	HOUKS MINE
	BIRTHPLACE (State or fore			8. MARRIED	NEVER MARRIED		NTY OF DEATH			
	7 4 7 9	U.	S.A.	WIDOWED	7 22		Baltimo			Md.
	Baltimore		NAME OF HOSPITAL OR INST	r. Gen	. Hosp during m		PATION (Kind of working life, even in Swile)		2b. K ND OF B INDUSTRY homem	
	usual residence (When		Institution: Residence before UNITY Balto.	13c. CITY OR 1 Bal		LIMITS?	3505 St		es Rd	l .
14. [FATHER'S NAME First		iddle Lost	15.	MOTHER'S MAIDEN NAME	First		Middle		Last
		.lliam N				Juli	a M	<u> </u>	Pric	:0
160. Y	. WAS DECEASED EVER IN (es, no, or unknown)	U.S. ARMED FORCES If yes give war or dates of se	inner.		FORMANT BCGH	3	حارما	Address	. 5.	
	NO.		332-14-7		Hosp. Rece	orq	- 2401	OTO C		ATE INTERVAL
	18. CAUSE OF DEATH (PART I. DEATH WA	Enter only one cous	e per line for (o), (b), and (c).)		04.04.0				BETWEEN ON	SET AND GEATH
		IMMEDIATE CAUSE (en for c	uner -				Hon	100
	Conditions, if any, which		o, or as a consequence of	12-53	7.5				V26-	monts.
	rise to immediate cou	se (a),	O OD AS A CONSTOLIENCE OF						113	. 17
	stating the underlying last.	conse	(c) Shee anting	olonep	hos sclaron	5			YRS	
N	PART 2 OTHER SIGNIFIC	-	Eleters	OT RELATED TO	THE TERMINAL DISEASE OR	CONDITIO	N GIVEN IN PART	(0)		
CERTIFICATION	90 DATE OF OPERATION	19b. CONDITION	FOR WHICH OPERATION WAS PER	RFORMED	20e AUTOPSY? YES NO)	20b. IF YES, WERE CAUSES OF DEATH?		DERED IN CEI	RTIFYING
	210 ACCIDENT WAS UN	2.0.	TIME OF INJURY	21c H01	W INJURY OCCURRED (Ente	er noture	of injury in Port 1	or Post 2, Item	1B.)	
MEDICAL	OR CONTRIBUTING CAL	ol exominer)	R.A.M. Manth Day Year P.M. 19							
ME	21d INJURY OCCURRED While Not while at wark	21e. PLACE OF I	NJURY (AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC.	FORY.) 21f. LOC	ATION Street or R.F.D. No	0.	City or Town	(ounty	State
			ol) ottended the decease	d fram	, 19_		to	, 19	, that	(I) (we) lost
	sow the dece	osed alive on Lahave (1) (wo)	(did) (did not) view the b	ሃ <u>៤</u> ሷ , ond andv after di	that in (my) (our) ap eath	inion d	leoth accurred	on the date	and haur a	ind from the
	22b SIGNATURE	abare, (i) (iie	A A	soay anor a				22c. DATE	SIGNED	
		Jaget	ti a. Inf	DEGRE		MED Director	STAFF PHYS.	4	-4-68	8
	22d. PHYSICIAN'S NAME (Type)	PNGE	LITA A - TOO	PACIO	22e. ADDRESS	2724	1.			
230	BURIAL, CREMATION,	23b DATE	23c NAME OF C				LOCATION (City or	,	County)	(State)
	SEWOLA (Secuta)	4/10/6		rling	City Cem.		t, Sterli		llinoi	S
24.	FUNERAL DIRECTOR		ADDRESS		2So. REC'D 1	BY REGIS	TRAR 25b I	REGISTRAR'S SIG	NATURE	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the dimetor, page 3 shauld be detached for as as the outial-transit permit. Then please remove carbon papers. Pages a should be filed with the State Dept of Health prior to burial, cremation, or removal, and in any event, within 72 hours after VR A15 (4) 30M REV. 1/68

hours other death

TO HOSPITAL OR ATTENDING PHYSICIAN: The low reguires that the death certificate be executed within 24/

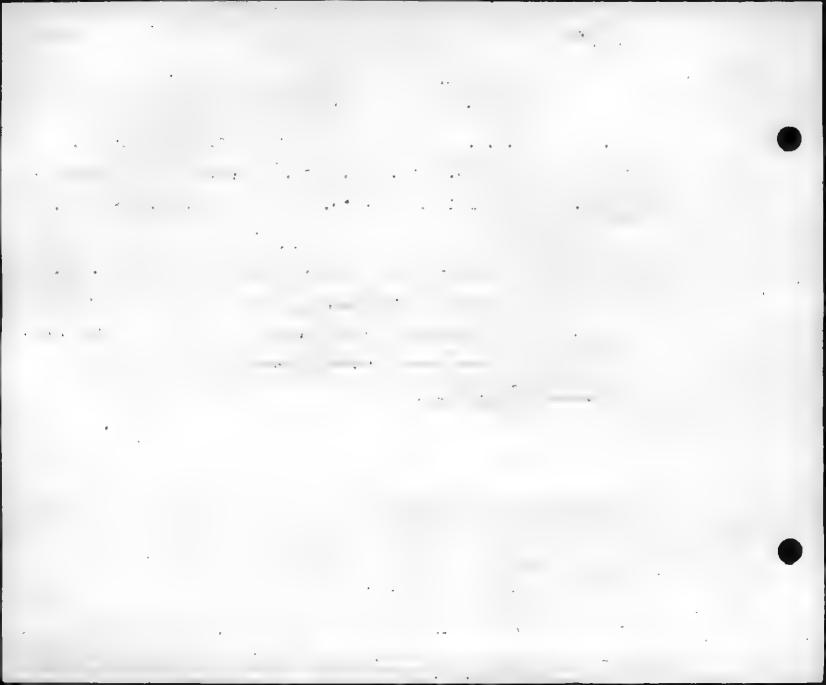
Poge 4 may be retained by the hospital or attending physician.

Mitchell-Wiedefeld Home Baltimore, Md.

6500 York Road 21212

1968

DATE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2a. DATE OF DEATH 1. DECEASED-NAME First Middle Last 2b. HOUR requires that the death certificate be executed within 24 havrs after death Manth 13 Doy 196 ger (Type or print) April Ellen C. Dolan IF UNDER 24 HRS. 4 RACE 5. DATE OF BIRTH IF UNDER : YEAR 6. AGE tin years last_byrthday) June 23, 1893 Cauc. To BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED T NEVER MARRIED country) Ireland U.S.A. Baltimore WIDOWED DIVORCED [T 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (finet in hospital 12a USBA, OCCUPATION (Kind of work done 12b KIND OF BUSINESS OF during most of working life, even if refired) Towson Loch RavenBlvd and in any event, 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d INSIDE CITY LUMITS? 13e. STREET AND NUMBER admission) STATE 13b. COUNTY YES 8336Loch Raven Blyd Baltimore Towson 14, FATHER'S NAME Middle Lost IS MOTHER'S MAIDEN NAME First Owen Craig 22 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17 INFORMANT Yes, no or unknown) R.R.Ret. C. Vincent Dolan, 8356 Loch Raven Blvd. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Sudden IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) burial-transit rise to immediate couse (a) DUE TO, OR AS A CONSEQUENCE O stating the underlying couse 2 week PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT PELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the prior tal Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? CAUSES OF DEATH? YES 🗔 NO TE 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY Tal. OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f LOCATION Street of R.F.D. No. 21d INJURY OCCURRED City or Town County Stote While Nat while of work 22a. I certify that (I) (this haspital) attended the deceased from 10/27, 1967, ta 4//3, 1968, that (I) (we) last saw the deceased alive an 1968, and that in (my) (aur) apinion death occurred on the dote and hour and from the causes stated above, (i) (we) (did) (did not) view the bady after death. 22b SIGNATURE 22c DATE SIGNED ATTENDING MED. DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) directar, 23d LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY 23b DATE (County) 23o. BURIAL, CREMATION, PEMOVAL (Specify)

Dulaney Valley Memorial

ADDRESS

2Sa REC'D BY REGISTRAR

Cockeysville, Balto, Md.

25b REGISTRAR'S SIGNATURE

4-16168

Wm. Cook-Brooks Towson, Towson, Md.

24. FUNERAL DIRECTOR



Lost

8. MARRIED NEVER MARRIED

WIDOWED IX

13c CITY OR TOWN

Johna

Doran

August

DIVORCED [

IS, MOTHER'S MAIDEN NAME First

S. DATE OF BIRTH

White

7b. CITIZEN OF WHAT COUNTRY?

give street oddress)

Middle

Tda

11 NAME OF HOSPITAL OR INSTITUTION (If not in hospitor

First

Irene

4. RACE

1. DECEASED-NAME

3. SEX

country)

(Type or print)

Female 70 BIRTHPLACE (Stote or foreign

10 CITY OR TOWN OF DEATH

Yes, no, or unknown)

nse to mmediate couse (a),

stating the underlying couse

210 ACCIDENT WAS UNDERLYING

OR CONTRIBUTING 🔲 CAUSE OF DEATH

(It either, not fy medical examiner)

19c DATE OF OPERATION

21d INJURY OCCURRED

While Not while at work

22b SIGNATURE

22d BHYSICIAN S

NAME (Type)

odmission) STATE

14. FATHER S NAME

Touson

Joi na, ..d.

130 USUAL RESIDENCE (Where deceased fived, if institution; Residence before 13b. COUNTY Tarfor ! M.ddle August 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), PART I DEATH WAS CAUSED BY-.MMEDIATE CAUSE (o) Conditions, if ony, which gove)

16b. SOCIAL SECURITY NO 17 INFORMANT 219-42-5170 arbara D. Johnson. Frebro vosenlas DUE TO, OR AS A CONSEQUENCE OF

Lost

Anderson

PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)

Carl

216 TIME OF INJURY

HOUR A.M.

DUE TO, OR AS A CONSEQUENCE OF

196, CONDITION FOR WHICH OPERATION WAS PERFORMED

21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY,) 21f LOCATION Street of R.F.D. No

Month Doy Year

NO 🖂

20a. AUTOPSY?

YES [

CAUSES OF DEATH?

20. DATE OF DEATH

9. COUNTY OF DEATH

120 USUAL OCCUPATION (Kind of work done

19, 1892

Barbara

Joseph Hospitaduring most of working life, even fretired)

13d. INSIDE CITY LIMITS?

YES 3

6. AGE (n veors

13e STREET AND NUMBER

Baltimore. County

402 Finiladel Man

Sophia

Address

O Phila Ri

20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING

21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)

City or Town

County

Stote

26. HOUR

F JMDER 24 HRS

IF UNDER 1 YEAR

INDUSTRY

Jo ma

DÁYS

12b, KIND OF BUSINESS OR

Lost

Fisher

Jonna

BETWEEN ONSET AND GEAT

1036

22c DATE SIGNED

23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION. 23b. DATE REMOVAL (Specify)

Dr Littleton

23d. LOCATION (City or Town)

(County)

(Stote) Harf ord

24. FLINERAL DIRECTOR l'eJomas 2 Son, whin don, d.

DEGREE

PHYS

22e. ADDRESS

256 RECOTBY REGISTRAR

25b. REGISTRAP'S SIGNATURE

VR A15 (4) 30M REV, 1/68

director, shayld be



85222 death death Page 4 may be retained by the haspital or attending physician. 10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and Shauld be filed with the State Dept. of Health prior to burial, crematian, or removal, and in any event, within 72 hours after death 'O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Havis Dis

OM REV 8

Leonard J Ruck Inc.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS,

301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	- 10 10 17			,	EKIII	ICAIE UI	DEAIL							. 23	2
	ECEASED-NAME	First		Middle		Lost		2o. [DATE OF DEA					2b	HOUR
{	Type or print)	Sarah		A		DUVAL			Ap	Month ril	Day 5	19	7egr 268	8:	15A
3. SE	X		4. RACE			S. DATE OF	BIRTH		6.	AGE (In year	rs	IF UNDER	DAYS	IF JNDER	R 24 HRS
F	emale		White			May 4	1887		10	ist birthday) 80	YRS	MONTHS	UA73	HOURS	WIN
coni	BIRTHPLACE (Stote or ntry) Tirginia CHY OR TOWN OF DE			E OF HOSPITAL OR INS	WIDOW		ORCED 120 USu	Bal	NTY OF DEA Ltamor PATION (Kin	e,	done			BUSINESS	S OR
1	owson		give site	et address) JOSEPH	HOSPI	ርጥ ልፕ.	during m	ost of w	vorking life,	even if retii	red.)	INDU:	SIRY		
oden,	USUAL RESIDENCE (V ss on) STATE aryland	/here deceased	hved, if institution 13b COUNTY	: Res dence before	13c. CITY	or town imore	13d INSIDE CITY	MITS?	13e STREET	and numbi Easte:		ark	way	,	
		First c iln P.		last Arvis		Cat	MAIDEN NAME he rine		ret1a	M+de				Losi	
160	WAS DECEASED EVER	IN U.S. ARMEI	and the second second second	6b. SOCIAL SECURITY N		7 INFORMANT	_			Addr					
	(es, no or unknown)			219-12-72	82	MEK Mr	George	HI	uvall	S	ame			MATE INTER	
	Conditions, if any, inse to immediate stating the underl	which gave couse (o), ying cause	OUE TO, OR AS (b) P] DUE TO, OR AS (c) Ho	for (a), (b), and (c); concho-pn A CONSEQUENCE OF Leural ef. A CONSEQUENCE OF odgkin bai IG TO DEATH BUT NO	eumor fusio ragra	on anuloma	IAL DISEASE OR	CONDITIO	ON GIVEN IN	PART I(o)		Bi	ETWEEN OF	NSET AND C	DEATH
CAL CERTIFICATION	19a DATE OF OPERAL 3/5/68 21o. ACCIDENT WAS	ION 196. CO	216 TIME OF II	OPERATION WAS PER Lnal tumo NJJRY Month Day Year	r	20a AU YES [HOW INJURY 0	NO [3	_	CAUSES OF					RTIFYING	G
WED (I feither, not fy me 21d INJJRY OCCUR While Not while at work of wark	RED 21e Pl	ACE OF INJURY (A	19 T HOME, FARM, STREET, FAC FFICE BUILDING, ETC.	TORY.) 21f				City or T			County			State
	saw the d	eceased aliv	e an 4/5/	ded the decease In nat) view the i	9 <u>58</u> , i	and that in (i	, 19_ пу) (our) op	<u>68</u> , Inion d	ta <u>4/</u> leoth accu	rred on the	he date	e and	haur	Æ) (w and fre	re) la: am th
	22b. SIGNATURE	Jan 1	Hen	rnandez.		EGREE PHYS.		MED DIRECTOR	ST PH	AFF IYS.		ATE SIGI		1968	3
,	NAME (Type)		araer ne	Luandez,	ri.D.		20 York	Rd.	, Tow	son,	Md.	21	.204		
23a	BUR AL, CREMATION BURIAL (Specify)	23b DA 4/8	_	23c NAME OF		OR CREMATORY		E	LOCATION (C	ore.	Mary	(Count	nd	(Stote	e)
24.	FUNERAL DIRECTOR			ADDRESS	25		2Sa RECID	BY REGIS	TRAP CO	25b. PLCIS	TRAR S S	GNATH	RE	ar.	
T	conard J	Ruck I	nc. Bal	ltimore,	Mary.	land	DATEPR	y	1000	The same	كالرحم	207		- C	

Baltimore, Maryland

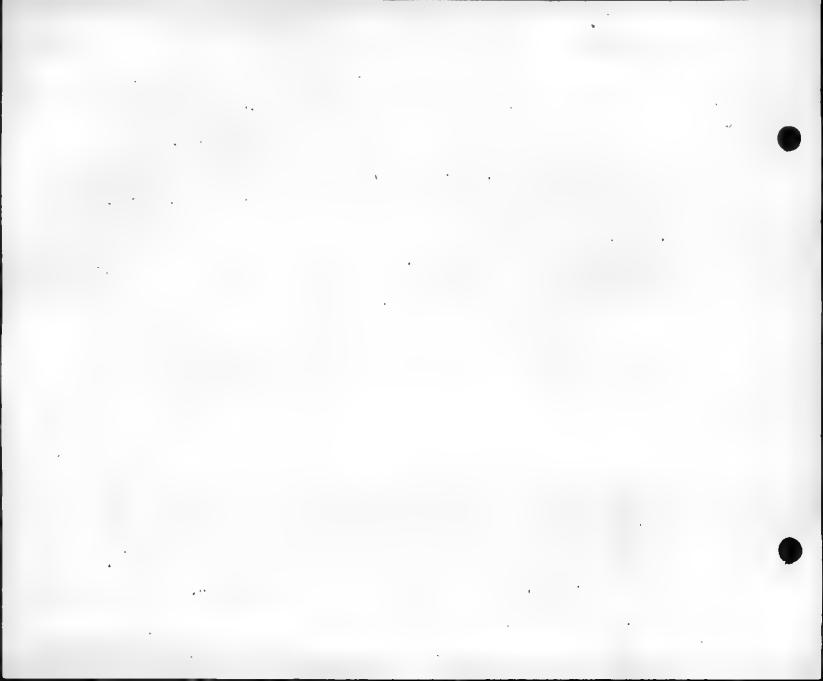


MARYLAND STATE DEPARTMENT OF HEALTH

			DIVISION (OF VITAL RECORDS,	301 W. PI	RESTON ST	REET, BALTI	IMORE, M	ARYLAND 21	201		
	05223			(CERTIFIC	ATE OF	DEATH				35	227
	CEASED-NAME	First		Middle		Last		2a. DATE	OF DEATH			2b HOUR
(1)	/pe or print)	ANTHO	NY	JOSEPH	ECK	HARDT			APRIL	1304	1968	9:15a
3. SE)	(4 RACE			5. DATE OF E	BIRTH		6. AGE (In ye last birthdo	ears	F JNDER 1 YEAR MONTHS OAYS	IF UNDER 24 HRS
	MALE		WHIT				16, 19	935	32	YRS	IONIII3 ORIJ	1100K3 MIN
7a. B cauni	IRTHPLACE (State or			WHAT COUNTRY?	B. MARRIED [NEVER MA	RRIED	9. COUNTY	OF DEATH			
	Baltimo			5.A.	WIDOWED [RCED		imore			٨
10. CI	TY OR TOWN OF DEA			. NAME OF HOSPITAL OR INS ve_street address)	TITUTION (If no	at in haspital			ON (Kind at warl ng lite, even it re		12b, KIND OF INDUSTRY	BUSINESS OR
	Towson			St. Joseph	Hospit	al		16	R		LOAN	r 00
i3a. I idmis	sian) STATE		lived, it inst	itution Residence before timore	ESS E		13d INSIDE CITY EL	MITS? 13e	STREET AND NUM	iber	Lane #2	21
4 F	Marylan	d First	Middle				IAIDEN NAME F			liddle		Lost
				CKHARDT	13	I MIOTHER 3 II	MOTH HAME I	····	> ."	10010		Eusi
	WAS DECEASED EVER			16b SOCIAL SECURITY I	10 17 1	NFORMANT			Ad	dress		
Ye	es, na, ar unknawn)	(If yes give wor	or dates at service)	216-32-12		MARY	Eck	HART			ABOV	-1=
		H (Enter only	One (Out a ne	r line far (a), (b), and (c).		17770		//-//			APPROXI	MATE INTERVAL
	PART I. DEATH	WAS CAUSED	BY	Abdominal		nomato	sis				BEIWEEN	DISET AND DEATH
	150	TAIDEMML	E CAUSE (a) _									
	Canditions, if any, v	hich gave)	DUE 10, C	OR AS A CONSEQUENCE OF								
	rise ta immediate	cause (a), ((b)	OR AS A CONSEQUENCE OF					trian -		+	
	stating the underly	ing couse	(c)	A A CONSEQUENCE OF								
ŀ	PART 2 OTHER SIGN	IFICANT COND		IBUTING TO DEATH BUT NO	OT RELATED TO	THE TERMINA	AL DISEASE OR C	ONDITION GI	VEN IN PART 1(0)	1	=	
_									, ,			
ATION.	19a. DATE OF OPERAT	ON 196. CO	ONDITION FOR	WHICH OPERATION WAS PE	RFORMED	20o. AUT	OPSY?	20b.	IF YES, WERE FIN	NDINGS CON	NSIDERED IN C	ERTIFYING
CERTIFICATION						YES	NO (XC)	CAU	SES OF DEATH?			
1	21a ACCIDENT WAS			E OF INJURY	21c. HC			r nature of ir	njury in Part 1 ar	Part 2, Ite	m 18.)	
MEDICAL	or contributing [] (If either, natify me				,							
ME				AT HOME, FARM, STREET, FAC	TORY.) 21f LC	CATION Stre	et or R.F.D. No.		ity ar Town		County	State
	21d. INJURY OCCURI While Not white at work at work											
	22a I certify th	iaP(P) (this	haspital) (attended the decease ad) (did not) view the	d from an	mary 2	3,, 196	8, ta <u>.</u> #	pril	, 1508	3, that	() (we) le
	saw the de	ceased ali	ve an A	71773	9 68, and	d that in (ri	¾) (aur) api	nian deatl	h accurred an	the date	e and hour	and fram t
-	22b SIGNATURE	ed abave,	τη (we) (d	a) (ala not) view the	bady offer o	death.				1 22. 04	ATE SIGNED	
	220 SIGNATURE	rolo	71.40	Ph man l	A DECE	ATTEND	ING M	IED.	STAFF EX	1	ril 13,	1968
ŀ	22d PHYSICIAN S	1 0000	~~_	Thropale	ece pick	LEE PHYS 22e AD		IKECIUK L	PHYS L	1	و از بات بات بات	, 1,00
	NAME (Type)	Vichi	an Phu	pakdi, M.D.		250 110	7620	York	Rd. 21	1204		
23a	BURIAL, CREMATION,	23b. D/	ATF	23c. NAME OF	CEMETERY OR	CREMATORY		23d LOCA	TiON (City of Tav	wn)	(County)	(State)
200	REMOVAL (Specify)	1	4/16	168 NEW	-	4EDRA	1/	1	ALTO.			(5.010)
24	UNERAL DIRECTOR			ADDRESS			2Sa. REC'D B	Y REGISTRAR	1 0-1 0-0			245
J	. 5. Co	NNE	FLLY	Sons	300	MACE	DATE	I-6 1	1968	RAR'S SI	Cad Hard	0
~	/				ALC:	. /-/	1		- 13			

TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physician and completely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and should be filed with the State Dept of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 M. Page 4 may be retained by the hospital or attending physician.

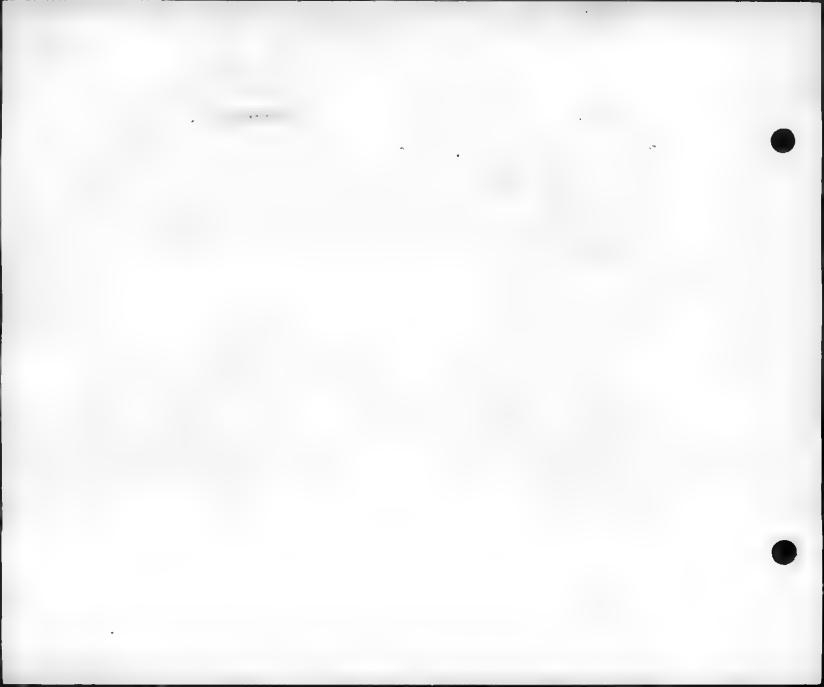


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HEALTH DERT.		CEASED NAME	Fors			Middle		La					KNOWN	Month		Year	2ь ноця
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de Pre Pre Pre Pre Pre Pre Pre Pre Pre Pr	L.	undalk			ive street o	. 4		de Driv	ve	Ho	use	Wile	fe, even if	refired)	INDUSTR	'U.	S. A.
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haurs after de Item 18. Give F Office alang w 1and 2 with the after death	14 F	ATHER S NAME	First		idd e	h	ast teo	15 MOTHER!	S MAIDEN	NAME	Frst		M d	ldle		Last	
24 P			Harry G								Edi	th				nith	
within 24 in pencl in Examiner's File pages in 72 haurs			ER IN U.S. ARMED	FOR(ES? no war or dates of serv		OCIAL SECUR		17 INFORMANT					ADDRES			lk, M	
with per can can le le 72		es, no, or unknow No			7.1	3-36-		Mr. Sa	amue.	L D.	Eic	helbe	erger	Jr.	4 F		
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d be executed various of "pending" in Chief Medical Extraorit permit Fitonsit permit Fitonsit y event within S		PAKITU	EATH WAS CAUSE	EU 81. IATE CAUSE (a).	1	4-5	-(-1	01	5-64	18-6		-				-	
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he v ta 15 burn d in		kas†) (c).							-						
ofe gg t gg t sg d		PART 2 OTHER !	GNIFICANT CON	DITIONS CONTR	BLTING TO	DEATH BUT	NOT RELATE	O TO THE TERMS	HALL D SE	ASE OR CO	NOTION	I GIVEN IN	PART 1(0)				
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be be		2 o EXTERNAL (CAUSE WAS	1216 TIM	E OF INLR	Y Month, Day	Yenr	21c HOW INJU	RY-PCCH	RRED (Enter	r nature	of nurv	n Port 1 o	Port 2 Its	em 18)		110 3
		PRIMARY O	R CONTRIBUTING		IR A.M.		10		,,,,,	wer frii.o.	1 (14-01)	2 41 - 101)	., 51, 1 4	1 4			
INE Share files 3 share artic	MEDICAL	21d INJURY OCC		PLACE OF NUL	P M RY (At han	ne, farm, stre	et.	21f LOCATION S	Street ar R	R F D No		Civo	r Town		(aunt	ν	Stote
EXAMINER: to the certi age 4 shauld yaur files 'Page 3 shau, ', crematian,				actory, office bu													
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<u> </u>		SIGNATURE	-		-			M D		MEDICAL		errotes	,	A	pril	9, 1	1968
o DEPUTY necessary, p the funeral 5 may be n 0 FUNERAL Health prior		NAME (Type)	Melv	in B. I	avis			M.D.					y) Dunc	lalk,	Md.	212	22
FO DEPU necesso the fun 5 may 70 FUNE Health	230	BURIAL, CREMAT	ON, 23b	DATE				Y OR CREMATO	RY.				(City or Tax	rn)	(County)	(5)	ate)
700		Burial	ty)	4/12/68	}	Oak	Lawn	Cemeter	·y					ltim	ore,	Md.	
(.3)		FUNERAL DIRECT		00 111			DDRESS	M 3	25	ia RECD I	BY REG		1	G STRAR S	SIGNATU	RE O	1.0
VR A15ME 17	JO.	nn J. D	uda, 79	ZZ Wise	Ave	• Dunc	alk,	Md.	D	ATE A	PP	15	1968	1441	iari	as fee	- Aller

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item 9 Film G399 4/16/68 kk CERTIFICATE OF DEATH within 24 haurs offer death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived if institution Residence before admission) o. COUNTY ALTIMORE MARYLAND b CITY OR TOWN (If it de corporate l'mits. CLENGTH OF STAY IN 16 ornarde mits, write RURAL and give nearest town) Catonsville. d STREET ADDRESS BALTILLORE, MID 21227 d NAME OF HOSP, TAL OR INSTIT. ON ill not in hospital, give street oddress) e IS RESIDENCE ON A FARM? \$106 Relling Read ROLLING RD RATA filled 7106 Apt. A YES NO X NAME OF Middle 4 DATE First Lost Month Year DECEASED CRMA ANNA EUKER APRIL 196 8 (Type or print) DEATH event requires that the doath certificate be executed IF UNDER 1 YEAR SEX 6 COLOR OR RACE B. DATE OF BIRTH AGE (n years IF UNDER 24 HRS 7 MARRIED NEVER MARRIED Months last birthdoy) Dovs Hours WIDOWED X DIVORCED 10o USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11 BIRTHPLACE (County & State or foreign country) during most of working life, even if ret red) **ENDUSTRY** COUNTRY? BALTIMORE, LU 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME LEANNED ECHEMO,'A SARAH 17. INFORMANT DAY FILTER IS WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (if yes give wor or dates of serv.ce Address 7106 KOLLING RO 16. SOCIAL SECURITY NO HUDREY L. FEADER BALTIMORE ADZIZZ INTERVAL RETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) PART I DEATH WAS CAUSED BY ONSET AND DEATH burial-transit HYPERTENSIVE RATER: SCHEROTIC CARIC VASCUL IMMEDIATE CAUSE (o) WIREMATURE VENTRICAR CONTRACTIONS. Conditions, if any, which gove rise to immediate couse (a), DUE TO stoting the underlying couse WRIE MYOLDEDRAL DNFARCTION. 0 0 SD WAS AUTOPS has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D.SEASE CONDITION GIVEN IN PART 1(o) PERFORMED? NO this certificate 200 ACCIDENT WAS INDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of moury in Port 1 or Port 1 of Item 18.) **letached** f Deptafi OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c TIME OF NJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF NJURY (Home form, (City or town) (County) (Stote) Hour o.m. factory, street, office bldg . etc.) Not While at work of work Affer 21. I certify that (1) (this hospital) attended the deceased fram 12/26 0 saw the deceased alive an 3/23 1968, and that death accurred at 1960 P.M. fram causes and an the date stated above. DIRECTOR: 220 SIGNATURE DIRECTOR director, page 3 22d ADDRESS 22c. PHYSICIAN S TO HISPITAL TO FUNERAL E. KASAITI 180 I TREDERICK RI) BALTO # 21228 230 BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) 4/3/68 Leudon Park Cemetery Baltimore, Md. 256 REGISTRAR'S SIGNATURE 250 REC'D BY REGISTRAR 24 FUNERAL DIRECTOR



165991	.Tt		MARY DE VITAL RECOR	LAND STATE	DEPARTMENT OF E	HEALTH	IAND 21201	-		
FOR STATE	I	tem 7a, 7b & d E	SX-190 FOICA	FXAMINER	'S CERTIFICATE (MORE, MARTI	DAND ZIZUI		. 71)
EALTH DEPT.		ECEASED-NAME First	IIIEDICAL	Middle	Last	OI DEATH	20 DATE KNOWNX	Month Day	Year 2b	HOUR
Page 3 to	(Type or Print) AUDRE	Y L	ILLIAN	FEADE	R	OF EST -	4-21-	168	M
1 P 2 P 2 P 2 P 2 P 2 P 2 P 2 P 2 P 2 P	3 \$	EX 4 RACE	S DATE OF BIRTH	6. AGE	In years IF UNDER 1 YEAR INDONTHS DAYS	IF UNGER 24 HRS HOURS MHN.	2c. DATE PRONOUNCED	DEAD		HOUR
P. S. de		Female White	1-28-09	59	YRS			²⁰ 21	1968 O	10 _M
2, 1, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2,		BRTHPLACE (State or foreign /b	U. S. A.	DUNTRY? 8	MARRIED NEVER MARK WIDOWED DIVOR	RIED 9 COU	INTY OF DEATH BALTIMORE	E		Md
offer death 8. Give Pages olong with for with the State	10. 0	Catonsville		of Hospital or insoddress) 06-A Ro11	ITUTION (If not in hospital		CCUPATION (Kind of work f working life, even if re	k done 12b	KIND OF BUSINESS STRY	OR
offer de 8. Give olong w with the beoth.		USUAL RESIDENCE (Where deceased	d lived, if institution:	Residence before	3c. CITY OR TOWN 13d	INSIDE CITY EIMITS?	13e STREET AND NUMBI	ER		
V - V IIII	0	dmissian) STATE Md.	13b. COUNTY Ba	ltimore (atonsville '	YES NO	7106-A Ro	lling R	oad	
hours Item 11 Office 1 and 11	14. F	ATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDE	EN NAME First	Midd		Last	
24	ļ.,	Altred	A. t	- UKER		VORmo				
within 24 In pencil in Examiner's File poges 172 hours		WAS DÉCEASED EVER IN U.S. ARMED FO 'es, na, ar unknown) (If yes give we	RCES? 16b or or dates of service)	SOCIAL SECURITY NO	17 INFORMANT		ADDRESS			
		18 CAUSE OF DEATH (Enter on y	one cause per line fa	r (a), (b), and (c))					APPROXIMATE INTERV BETWEEN ONSET AND DI	/AL HTAI
d be executed "in Chief Medical E. ronsit permit. Fy event within		PART I. DEATH WAS CAUSED IMMEDIATE	E CAUSE (a)Art		rotic cardi	ov secul	ar disease			
e ex penc sif M sit p		Canditions, if any, which gave 3	DUE TO, OR AS A	CONSEQUENCE OF						
vord " he Chie tal-tran		rise to immediate cause (a),	(b)	CONSEQUENCE OF						
		stating the underlying cause fast.	43	CONSEQUENCE OF						
writing the warded to sed as a bu		PART 2 OTHER 5 GNIFICANT CONDITI	(c) IONS CONTRIBUTING TO	O DEATH BUT NOT R	ELATED TO THE TERMINAL D.S.	EASE OR CONDITIO	ON GIVEN IN PART 1(a)			
te, writing the forwarded to semoval, and	~	7221								
bill used	CERT.FICATION	19a. DATE OF OPERATION	19b.	CONDITION FOR WH WAS PERFORMED?	ICH OPERATION				20. AUTOPSY?	
	RT.E	A) EVERNAL COMP								
ER: The certification of the c	MEDICAL CE	210 EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M.	Y Manth, Day, Year 19	21c HOW INJURY QCC	JRRED (Enter natu	re of injury in Port 1 or I	Part 2, Item 18)	
(AMINER: te the certi fe 4 should four files. age 3 all mu cremotion,	ME	1 1 4.	ACE OF INJURY (At hor		211 LOCATION Street or	R F D. Na	C ty ar Tawn	Cau	nty S	State
XAI Jufe 1 you You Cre		AT WORK AT WORK								
AL E		22a certify that I tac	ak charge of the re			sy 🔀, 🛮 Ins	spectian 🔲, Inqu	Jiry 🔲,	and in my ap	intan
Se e se catorine d'ined		death resulted fram.	Natural causes	Accident	, Surede,	Hamicide 🔲,	Undetermined m	anner 🗌		
pleo din din DII		ACTUAL Clear	多い。_	1	V	MEDICAL EXAMINE		b DATE SIGNE	n	
ory, ory, nero be pr		SIGNATURE Charles	S. Spring	pate M.F	111.0	Y MEDICAL EXAMI			2 <u> 1968 </u>	
O DEPUT necessory the fune 5 may b FUNER Health		NAME (Type)	o. opiin	5446, 1182		ESS(Street, city, tax		11. 1. 1. 2.	2-, 1200_	
D S = S = S	230	BURIAL, CREMATION 23b D	ATE/ 3/10		METERY OR CREMATORY	(3) 23d	LOCATION (City or Jown)_ (Caun	ty) (State)	
(143	24	FUNERAL DIRECTOR	12760	ADDRESS		So. REGD BY REG	GISTRAR 1968 REGA	STOLES SELECT	O	
VR ATSME		William J. Tic	kner	Balto. Mo		MAY 1	0 1960	C. C. C. C.	00	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the haspital or attending physician.

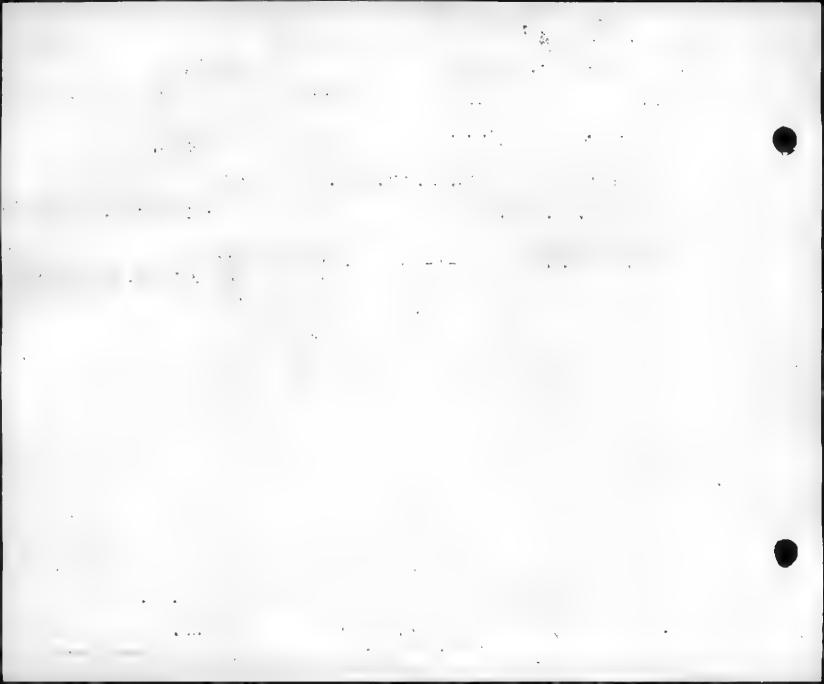
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 pages to a shall be filed with the State Dept. at Health priar to burial, cremation, ar removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

			CLI	THICA	IL OI DEATH					. 5	
(A. FELICETT	T ^{Middle}		Last	2 L/I	3/88 Month	Doy	Yeor	2b. I	HOUR
3. \$	MALE	4. RACE WHIT	E	7	731/12H		6 AGE (19-year lost builday)	YRS.	FUNDER I YEAR DNTHS DAYS	IF JMDER MOJRS	24 HRS MIR
	SIRTHPLACE (State or fore gn	76. CITIZEN OF WHAT CO	W	DOWED 🗌	NEVER MARRIED D VORCED	9 COUNTY	OF DEATH BALTO				Md
	CITY OR TOWN OF DEATH	give street o	CO. GEN	L_HOS	during m		ON (Kind of work on ng life, even if retir		12b. KIND OF INDUSTRY	BUSINESS	OR
odm	USJAL RESIDENCE (Where dece	ased lived, if institution Richard 13b COUNTY RANDATIS Middle	esidence before 13c.	CITY OR TO	WN 13d INSIDE CITY	0,1	STREET AND NUMBER 8803 SONY Midd	A RI	RAN	DATI.	STO
	WAS DECEASED EVER IN U.S. A	TOTAL TOTAL	ocial Security No.		RACE LOMBAI MARGUERITI	RDI E FELIC	CETTI Addre	255		2031	
	18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAU		(a), (b), and (x))	3-11 10/	us this	u (10)	3 SONYA F		BETWEEN O	NSET AND O	EATH
	Conditions, if ony, which gave nise to immediate cause (a) stating the underlying coust last	DUE TO, OR AS A CO	ONSEQUENCE OF	A.S.,	4.D.						
NO	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING T	O DEATH BUT NOT RE	LATED TO TH	IE TERMINAL D SEASE OR	CONDIT.ON GI	IVEN IN PART 1(c)				
CERTIFICATION		b CONDITION FOR WHICH OP		MED	20a AUTOPSY? YES NO NO	CALL	. IF YES, WERE FINDI SES OF DEATH?	NGS CON	SIDERED IN C	ERTIFYING	3
MEDICAL CE	21a ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE OF OI Ill either, notify medical exam	EATH HOUR A.M Mar miner) P.M.	ith Day Year 19		INJURY OCCURRED (Ente		njury in Part 1 ar Pa	art 2, Iter	m 18.)		
×	at wark at wark	e. PLACE OF INJURY (AT HON OFFICE				£ ±	ity or Tawn		County		tote
	22a certify that (1) (1) sow the deceosed causes stoted obo	this hospital) attended alive on ve, (I) (we) (did) (did r	the deceased to 3/7/19/ not) view the body	om ond ti after dec		inion deat	h occurred on th	, 19 ne dote	and hour	(I) (we ond fra	e) last m the
	226 SIGNATURE DE TUANE 22d PHYSICIAN'S	d Burgi	~ h.D	DEGREE		MED. DIRECTOR	STAFF PHYS.	nc DA	TE SIGNED	8	
	NAME (Type)	ARD BERGEN					IN RD. Ma				
E	REMOVAL (Specify)	/16/68	23c NAME OF CEME BALTO	MATIO	LAN	BALT	TION (City of Town)		(Caunty)	(State)
24	EUNERAL DIRECTOR	322	S. MICH	ST.		BY REGISTRAR		RAR'S SIC		ye.	



'		- 1.1	DIVISIO	ON OF VIT	AL RECOR	DS, 301	W. PREST	ON STRE	ET, BALTI	MORE,	MARYL	AND 2120	01				
FOR STATE			0000	· M	EDICAL	EXAM	NER'S	CERTIF	ICATE (OF DE	ATH					4 .3	27
HEALTH DEPT.	I. DI	CEASED NAME	TICKA	Q .		Midd 6			Lost			20 DATE K	NOWNIK	Month	Doy Ye	or I	26 НОЦЗ
v C 0 4-	T)	ype or Print)	FRA	NC1S		P	resto	n	FENTO	N		OF	ESTI-	4-27			:05 M
oy is 3 to Poge int of	3. SE	_	4 RACE		OF RIPPH				DER 1 YEAR	IF UNDER	24 405				- 1		
deloy and 3 M3. Poc					OF BIRTH		6 AGE (In year last birthday	MONTHS	DAYS	HOURS	MIN	2c DATE PR Month	ONOUNEED	Dov	Year		2d HOJR
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	8	210. EXTERNAL	CAUSE WAS	21b. 1	IME OF INJURY	/ Month, Do	y, Yeor	21c. HOW	INJURY OCC	URRED (E	iter notur	e of injury in	n Port 1 or	r Port 2, It	em 18.)		
INER: Thi e certificat should be files. 3 should be	MEDICAL	CAUSE OF DEAT	R CONTRIBUTING	10:5	MAANA PLOUR A.M.	4-27	1968	Jumi	oed fr	com^{-2}	nd f	loor					
EXAMINER: cute the cert oge 4 should r your files. :Poge 3 shou l, cremation,	S S	21d INL.PY OC	CHESED 21.	D ACE OF HE	JUIDY /At hom	an form st	rant	916 LOCAT	ION Street or			City or	Town		County		Stote
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o DEPUTY CICAL EXAM necessory, please execute the funeral director. Page 45 may be retained far yaur 5 FUNERAL DIRECTOR: Page Health prior to buriol, crem		NAME (Type)	Ollar	TED D	Obrti	THE LE	, 11.0					wn, or county					
TO DEPUTY necessory, the funeral 5 may be r TO FUNERAL	230	BURIAL CREMA	TION. 23	b DATE		73c NAM	NE OF CEMET	RY OR CPE	MATORY		234	LOCATION (C	ity or Tou	(n)	(County)	(Sto	te)
F 40K	P	REMOVAL (Spect	(fv)	_	0								•		(anomy)		
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STITE 40 MARYLAND STATE DEPARTMENT OF HEALTH

VR A15ME (5) 10M REV 1/68

Md. ADDRESS | 250 REC'D BY REGISTRAR | 250. REGISTRAR S SIGNATURE H.W. Jenkins & Sons Co. 4905 York Rd. Balton. MAY 2 1968 | Constant Sugar



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05233 CERTIFICATE OF DEATH Middle Last 20. DATE OF DEATH DECEASED-NAME First 2b. HOUR law requires that the death certificate be executed within 24 haurs after death ath (Type or print) MES FESMYER. NELSON 4. RACE IF UNDER 1 YEAR 3. SEX S DATE OF BIRTH last birthday) 29HOH MONTHS male 7g BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8 MARRIED NEVER MARRIED country) U. S.A. Baltimore County, WIDOWED | DIVORCED [signed by the attending physician and completely filled burial-tronsit permit. Then please remove carbon pagi 10 CITY OR TOWN OF DEATH 11, NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR Mt. Wilson State Hospital during mast of working life, even if retired.) Mount Wilson 130 USJAt RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d. INSIDE CITY L'MITS? 13e STREET AND NUMBER event 136 COUNTY Queen Annes Centerville odmission) STATE YES DO NO.K ond in any 14 FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Lost Tosens 17 INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, ng, or unknown) Records, Mt. Wilson State Hospital cremotion, or removol, APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: (pireinoma IMMEDIATE (AUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) burial-tronsit rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF physicion. stating the underlying couse burial PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART 1(o) be retained by the hospital or ottending the hos been 19m DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b JE YES, WERE FINDINGS CONSIDERED IN CERTIFYING 8 CAUSES OF DEATH? NO DE for use o YES 🔲 O IUNITAL DIRECTOR: After this certificate 21g ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, natify medical examiner) P.M be detoched 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. Stote Dept. City or Town County State While Not while of work at work L 220. I certify that (I) (this hospital) attended the deceased from 4/1968, to 4/1968, that (I) (we) lost sow the deceased alive an 4/1968, and that in (my) (our) opinion death occurred on the date and hour and from the 10/. 1968 , that (1) (we) lost Should couses stated above, (I) (we) (did) (did not) view the body after death. 22h SIGNATURE 22c. DATE SIGNED ATTENDING DIRECTOR X DEGREE poge 3 be filed PHYS 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) William Newcomer, M.D. Mount Wilson, Maryland director, should b 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL, EREMATION, (State) Chesterfield CEMETERY FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb REGISTRAR S SIGNATURE



() (po ar print) RESINTA	W. LIGHER		April 9,	1968" 6:00I
3. SEX Male	4 RACE White	S. DATE OF BIRTH 12-8-1893	6. AGE (in years lost_byrthday)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
7o. BIRTHPLACE (Stote or foreign country) Maryland		8 MARRIED NEVER MARRIED DIVORCED DIVORCED	9. COUNTY OF DEATH Baltimore	
OCATION OF DEATH Catonsville	II NAME OF HOSPITAL OR INST give street address) 415 Overbroom	ok Road	UAL OCCUPATION (Kind of work done mast of warking life, even if retired) Retired	126 KIND OF BUSINESS OR INDUSTRY
odmission) STATE Maryland	sed lived, if institution. Residence before 1	Catonsville YES	NO X 415 Overbro	ok Road
14 FATHER'S NAME First Howard	Middle Last Fisher		M. Mohrman	Last
160 WAS DECEASED EVER IN U.S. ARN Yes, no grunknown) (If yes give v	MED FORCES? War or dates of service) 16b. SOCIAL SECURITY NO		Fisher, 415 Overl	
DADE + DEATH MINE CAUSE	nly one cause per line far (a), (b), and (c)) D BY ATE CAUSE (a) Coronary O	eclusion, acute		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Sudden
Conditions, if any; which gave rise to immediate couse (o), stating the underlying couse last	DUE TO, OR AS A CONSEQUENCE OF (b) Arteriosel	erotic C - V. Dis	ease	years
D.	nditions <u>contributing to death</u> but not ostural Hypotension	<u> </u>		ONSIDED IN CENTRALO
SHE	CONDITION FOR WHICH OPERATION WAS PERF	YES MO	7	
S OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. Month Day Year P.M. 19		ter nature af injury in Part 1 ar Part 2,	Item 18.)
While Not while at work	, PLACE OF INJURY (AT HOME, FARM, STREET, FACTOR OFFICE BUILDING, ETC.			County State
22o. I certify that (I) (He saw the deceased of couses stated above	of (1) (ve) (did) (distrost) view the b	d from <u>FGD.</u> , 19. 68, and that in (my) (aur) o ody ofter death.	50, to <u>April</u> , 19 pinion death occurred on the do	68 , that (I) (평광) la te and hour and from th
22b SIGNATURE	I Some	. / DEGREE PHYS	MED STACE	DATE SIGNED ril 10, 1968
	Leo Gaver	22e ADDRESS	Mallow Hill Rd.,	Balto.,Md.
REMOVAL (SACTIV) 4	-12-1968 Druid 1	emetery or crematory Ridge Cemetery	23d LOCATION (Gty or Town) Baltimore Count	
24 FUNERAL DIRECTOR Howard H. Hubbar	rd, 4107 Wilkens Ave		BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE

10 HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 20 hours ofter death. **TO FUNERAL DIRECTOR:** After this cerificate hos been signed by the ottending physician and completely filled director, page 3 should be detached for use as the burial-itransit permit. Then please remove corban page abould be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, with the Page 4 may be retained by the hospital or attending physicion.

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DECEASED NAME

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NAME OF CEMETERY OR CREMATORY

DATE

BETH TFILOH

director, VR A15 (4) 30M REV 1/68

that the death certificate be executed within 24 haurs

FUNERAL DIRECTOR **ADDRESS** LEVINSON & BROS., 6010 REISTERSTOWN ROAD

23b DATE

4-30-68

BURIAL, CREMATION

23d. LOCATION (City or Town) BALTIMORE MARYLAND 25g. RECD BY REGISTRAR 2

2b. BOUR

COUNTY

INDUSTRY CLOTHING

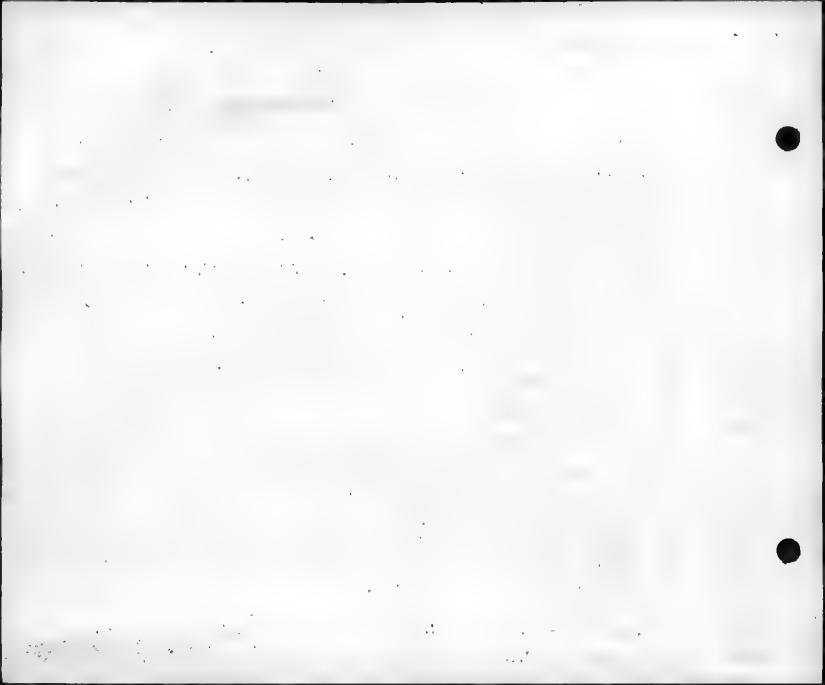
County

12b, KIND OF BUSINESS OR

2 days

State

HEIGHS AVE



24 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital ar attending physician.

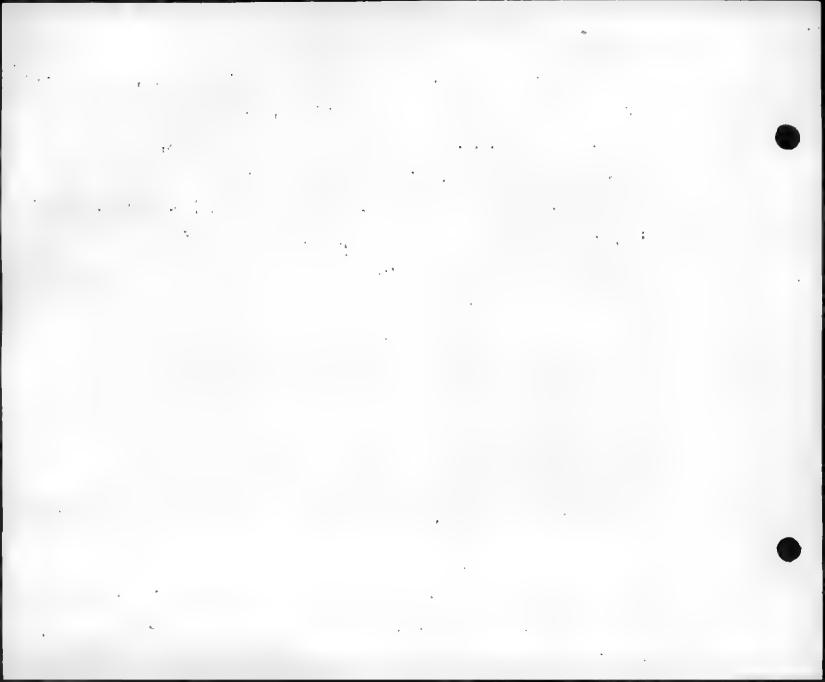
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

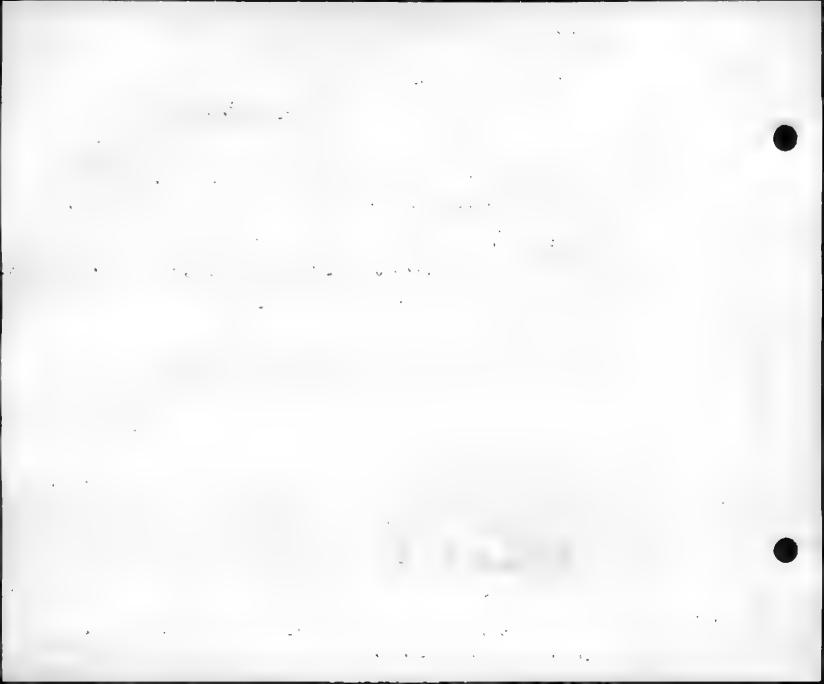
CERTIFICATE OF DEATH

		64 P 10 C	9 7 3			CENTILICATE (/ PEAIII	l .			* * * *
		CEASED NAME YPO or print)	First		Middle	Lost		2o. DATE C	OF DEATH Month	Doy Yeor	25 HOUR
l	·		BEUL		Α.	FOWL	ЯR	APRII		1968	4:00
l	3 SE	Х		4. RACE		S. DATE	OF BIRTH		6. AGE (In years lost birthday)	IF UNDER , YEAR MONTHS I DAYS	1F UNDER 24 HRS
		FEMALE			NEGRO		INE 14.	1904	63 Y	RS.	170000
	7a. I	SIRTHPLACE (Stote or	r foreign	76. CITIZEN	OF WHAT COUNTRY?	8. MARRIED NEVER	MARRIED	9. COUNTY 0	F DEATH		
	100	MARYLA	ND		U.S.A.		DIVORCED 🔲	BALT	IMORE.		Mo
	10 (ITY OR TOWN OF DE	EATH		11 NAME OF HOSPITAL OR IN give street address)	STITUTION (If not in hospi			N (Kind of work do g I fe, even if retires		OF BUSINESS OR
l		TOWSON			ST. JOS.	EPH HOSPITA	L	HOMEMAK	BR		
I	13c. admi	USUAL RESIDENCE (1	Where decea	ed lived, if 13b. CO	institution. Residence before	1	136 INSIDE CITY		TREET AND NUMBER		
		ssion) STATE MAR	YLAND	100. 00	JNII - /	BALTIMORE	A		17 E. 22r	id ST. #	⁴ 21218
	14. !	1 1100	First	Mi	ddle 1 1 Last		S MAIDEN NAME	Eirst	Middle		Lost
ŀ	1/	WAS DECEASED EVE		Win	4070	117 01/4 51/10	ne 1	mound	din		
ŀ		es, no, or unknown)		var or dates of se		NO. 17. INFORMAN	1		Address	•	
ŀ	-									APPRO	XIMATE INTERVAL
		PART I. DEATH	I WAS CAUSE	D BY.	per line for (0), (b) and (c) Uremia)				BETWEEN	ONSET AND DEATH
I		1820	IMMEDI	ATE CAUSE (o	J					-	
١		Conditions, if ony,	which appa?		D, OR AS A CONSEQUENCE OF						
ı		rise ta immediate	couse (a),	(Hepatic f						
۱		stoting the under	lying couse		O, OR AS A CONSEQUENCE OF	al carcino	ma - Sta	TV and			
ı			NIEICANT CO		O Endometra				EN IN DADT I/a)		
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ı	NO I	190 DATE OF OPERA	TION 19b	CONDITION F	OR WHICH OPERATION WAS PE	RFORMED 200	AUTOPSY?	20b	IF YES, WERE FINDING	GS CONSIDERED IN	CERTIFYING
	CERTIFICAT						т № р	l e Luc	ES OF DEATH?		
		21a. ACCIDENT WA	S UNDERLYII	IG 21b	TIME OF INJURY				ury in Part 1 or Part	2, Item 18.)	
ı	MEDICAL	OR CONTRIBUTING [R.A.M. Month Doy Year P.M. 1	9					
ı	MEC	OLI MANUELL DOCUM	ADEO OS	PLACE OF II	IJURY (AT HOME, FARM, STREET, FA		Street or R.F.D. N	io. (it	y or Town	County	State
ŀ		While Not who	701		OFFICE BUILDING, ETC.	1					
۱				ıs hospita	Lattended the deceos	ed from APRIL	24 , 197	68_, to_A	PRTI. 29	19_68_, tho	t (A) (we) los
I		saw the c	leceosed o	live on #	attended the deceos	19 00, and that in	(70%) (aur) af	pinion death	occurred on the	date and hour	r and from the
ŀ			jed abavi	e, (M. (we)	(drd) (dldXXI) view the	body after death.			1.0	M PASS ALGUAR	
ĺ		22b. SIGNATURE	100		1.0000		ENDING	MED	STAFF	22c date signed 4-29-6	Ω
ı		22d. PHYSICIAN'S	Hour	nc	ungalan	1111	ADDRESS	DIRECTOR L	PHYS.	4-29-0	0
ŀ		NAME (Type)	Jai	me Pu	nzalon, M.D.			k Road.	Towson,	Md. 2120	4
ŀ	23c	BURIAL CREMATION				CEMETERY OR CREMATO			10N (City or Tawn)	(County)	(State)
	K	REMOVAL (Specify)	'		,1968 mt. C.		n tery		E, Cours		mid.
ł	24_	FUNERAL DIRECTOR	,	-	ADDRESS		2Sa RECD	BY REGISTRAR	2Sb REGISTRA	AR S SIGNATURE	
I	F	by tENDA	Man	w 1	7-1-03 H. E	ne # 2/2	13 MAY	1 196	8 Jalian	nes Judg	No.



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED NAME First Middle Lost 2o. DATE OF DEATH 2b HOUR (Type or print) Kathryn Myrtle France 68 S. DATE OF BIRTH +F UNDER 1 YEAR IF JNDER 24 HRS pa≣ers Pages 1 h n 72 hours after 3 SEX 4. RACE 6 AGE (in years last birthday) MONTHS HOURS 64 Female Cau 7o. BIRTHPLACE (State or foreign COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED requires that the death certificate be executed within 24 hou the attending physician and campletely filled in sit permit. Then please remave carban pallers WIDOWED 3 DIVORCED IC CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR ar remayal, and in any event, with give street oddress) during pross of wasking life, even fretired-INDUSTRY Greater Balto. Med. Center Jent Baltimore onk. 130. USUAL RESIDENCE (Where deceased lived, if institution. Residence before.) 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER odm ssion) STATE Mary land 13b COUNTY Baltingre YES 🔀 Bayonne Ave. Baltimore IS. MOTHER'S MAIDEN NAME First 14 FATHER'S NAME Middle Lost Middle Lost reorae 160 WAS DECEASED EVER IN U.S. ARMED FORCES? SOCIAL SECURITY NO 17. INFORMANT Yes, no prunknown) [(If yes give war or dates of service) 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c)) BETWEEN ONSET AND GEATH PART I. DEATH WAS CAUSED BY: Carcinoma of right breast with metastases IMMEDIATE CAUSE (a) signed by the after burial-transit perm burial, cremation, a DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) as the Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? CAUSES OF DEATH? of far use of Health p YES, NO T 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day (If either, natify medical examiner) P.M. 21d. INJURY OCCURRED 21e PLACE OF INJURY / AT HOME, FARM, STREET FACTORY, 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at work 22a. I certify that (1) (this haspital) attended the deceased from April 9 , 1968 , to April 9 , 1968 , that (1) (we) last saw the deceased alive on April 9 , 1968 , and that in (my) (our) opinion death occurred on the date and hour and from the April 9, 1968, that (1) (we) last causes stated above, (1) (we) (did) (did not) view the body after death. 22c. DATE SIGNED 22b SIGNATURE **ATTENDING** 4/10/68 director, page 3 shauld be filed v DEGREE DIRECTOR PHYS 22d PHYSICIAN'S 22e. ADDRESS NAME (Type) 6701 N. Charles Street 23d. LOCATION (City or Town) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION REMOVAL (Specify) Baltimore. edeemer 24 FUNERAL DIRECTOR Legitala VR A15 (4) 30M REV. 1, 68

MARYLAND STATE DEPARTMENT OF HEALTH



NO [

(State)

VR A15 (4) 20M 1/65



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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

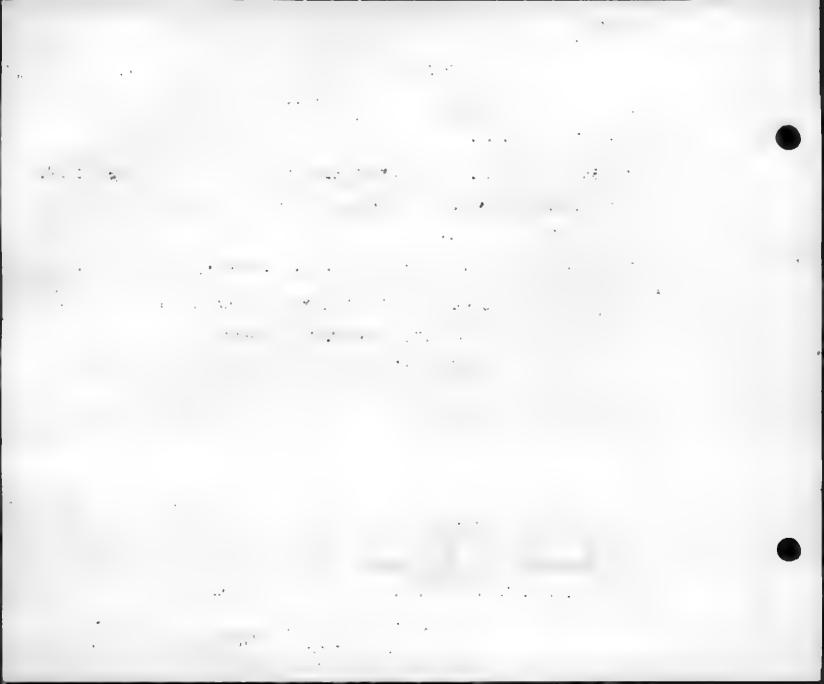
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	CEASED NAME ype ar print) }	First HOWARD	M ddle EDWARD	,	Last FRYE	20.	DATE OF DEATH Month	Dev	Yene	2b HOUR	
		TOWALLD	EDWARD		rrein		47	24	68	10:50B	
3. SEX	Х	4 RACE		S	DATE OF BIRTH		6 AGE (In year last_birthday)		THS DAYS	HOJRS MIN.	
	MALE		VHITE		6/7/10		51	YRS			
7a. B	PRTHPLACE (State or foreig			8. MARRIED 🏝	NEVER MARRIED		INTY OF DEATH				
. Try	ENNSYLVANIA	U.S.A	1.0	WIDOWED [DIVORCED [BA	LTIMORE COU	JNTY,		M	
	ORT HOWARD		AME OF HOSPITAL OR INST				PATION (Kind at wark ork park over it reti		NO CIDY	COUNTY	
	USJAL RESIDENCE (Where	decensed lived if institut	unn Pes denre hefore	13c. CITY OR T		IDE CITY LIMITS?	13e STREET AND NUMB		-332 0	0001122	
	ssian) STATE MARYI	AND 136 COUNTY BY	ALTIMORE	DUNDA	ure F	NO 🗌	205 COLGA	TE AV	ENUE		
14 F	ATHER'S NAME First	Middle	Last	15.	MOTHER S MAIDEN		Mid	die		Lost	
	HOW	IRD	FRYE			SABI	NA		DAV	/IS	
	WAS DECEASED EVER IN U	S. ARMED FORCES?	166. SOCIAL SECURITY NO		ORMANT		Addr				
y ₍	es, no granknown)	ves give war or dates of service)	216 03 79	69 CL	IN .REC . V	A HOSPI	TAL, FT HOW	VARD,	MD.		
	18 CAUSE OF DEATH (E	nter anly one cause per th	ne for (a) (b) and (c))							CARATE INTERVAL ONSET AND DEATH	
		N POS									
	157759	CAUSED BY. MMEDIATE CAUSE (a)	AS A CONSEQUENCE OF	301 HT-1	II AOOLD	0 021 021111	00010010	., , ,	O LULL		
	Canditions, if any, which	· ·		CADDIT	MAGCIII AD	DISEA	CT.				
	(anditions, if any, which gave) rise to immediate cause (a), (b) HYPERTENSIVE CARDIOVASCULAR DISEASE (b) HYPERTENSIVE CARDIOVASCULAR DISEASE (b) OUE 10. OR AS A CONSEQUENCE OF										
	lost. DIABETES MELLITUS										
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)										
TION	19a DATE OF OPERATION	T196 CONDITION FOR WE	IICH OPERATION WAS PERF	ON WAS PERFORMED 206. AUTOPSY? 206 IF YES, WERE			20b IF YES, WERE FIND	INDINGS CONSIDERED IN CERTIFYING			
CERTIFICATI					YES 🗀	NO TI	CAUSES OF DEATH?				
CERT	21g, ACCIDENT WAS UND	DERLYING 216 TIME OF	F INILIRY	21c HOV			<u>l</u> e af injury in Part I ar P	ort 2 Item	181		
₹	OR CONTRIBUTING CAUS	E OF DEATH HOUR A.M.	Manth Day Year		1100 4111	(411101 110101	o an inforty to the first tall to	,	7-0.9		
MEDICAL	(If either, natify medical		AT HOME EARM STREET FACTE	DRY 1 215 LOC	ATION Street or P	ED No	City or Town	f,	ythuc	State	
	While Nat while								inerty	Jidio	
	at work — at work —										
	22a. I certify that (!) (this haspital) attended the deceased fram 3/16/68, 19, to 4/24/68, 19, that (!) (we) last saw the deceased alive an 4/24/68 19, and that in (My) (aur) apinion death occurred on the date and hour and fram the										
	couses stated	causes stated above, (4) (we) (did) (373 76) view the body after death.									
	22b SIGNATURE	1	1		ATTENDING	HED	CTAFF	22c DATE	SIGNED		
	Ith	med &	AAX XAA	₩ WDBGREE	ATTENDING PHYS.	MED. DIRECTO	R STAFF PHYS.	4/2	5/68		
	22d. PHYSICIAN'S		annan		22e. ADDRESS	com ma	TADD MADRET	4377			
	NAME (Type) AT	MED C. K. K	UTTY, M. D	•	VAH F	OKT HOW	MARYL	AND			
	BURIAL, CREMATION,	23b DATE	23c NAME OF C			1	LOCATION (City or Town) (0	aunty)	(State)	
]	BURIAL (Specify)	4/29/68	BALTIMO	RE NAT	IONAL CE	METERY	BALTIMOR				
24	FUNERAL DIRECTOR		ULLRICH F	TIMERAT	HOME 250.	REC D BY REGI	STRAR 256 REGIS	TRARS & GA	ATURE	Judge	
			CHILLIAN L	OMERCAT	THOUSAND THE	. 400	סממו פיני	/1-	· V	0 0	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the bunal-transit permit. Then please remaye carban papers. Pages thanks shauld be filled with the State Dept. of Health prior to burial, cremation, or remayal, and in any eyent, within 72 hours diter-defit VR A15 (4) 30M REV 1/68

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death

Page 4 may be retained by the haspital ar attending physician.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle Last 20. DATE OF DEATH DECEASED NAME Eirst 2b HOUR Month 5 (Type or print) Katherine Gaffney Sarah 2:10 N April 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (In years last by hday) HOURS female white Oct. 1, 1892 OULS requires that the death certificate be executed within 24 hours 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED country) carbon papers. ent, within 72 h physician and campletely filled in U. S. Baltimore Md. WIDOWED X DIVORCED | 11 NAME OF HOSPITAL OR INSY TUTION (If not in hospital 10 CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired) Catonsville VG GROVE STATE HOSP. 13a USUAL RESIDENCE (Where deceased lived, if institution Residence before damissian) STATE 13A COUNTY L3c. C TY OR TOWN 13d. INSIDE CITY JIMITS? 13e. STREET AND NUMBER 215 S. Augusta Avenue please remave Balto. ond in any 14 FATHER'S NAME Middle Last IS MOTHER'S MAIDEN NAME First Last C. Lee Brown Sarah Agnes 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT cremation, or remayal, 218-22-7865 Records: SPRING GROVE STATE HOSPITAL APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per fine for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Heart failure. DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave) (b) Generalized arteriosclerosis transit rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse; signed burial to PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE OR CONDITION GIVEN IN PART 1(g) has been 19g DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? for use Health p YES [NO T 21g ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. 21d NJJRY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County White Nat while at work O FUNERAL DIRECTOR: After 22a. I certify that (this hospital) oftended the deceased from Uct. 8 sow the deceased alive on April 5, 1908, and that in Chi 1964 to April 5, , and that in (Yay) (our) opinion death occurred on the date and hour and from the couses stoted above, (1) (we) (did) (did,net) view the body after death. 22b SIGNATURE 22c DATE SIGNED 4/5/68 11669 **ATTENDING** DEGREE director, page 3 PHYS DIRECTOR PHYS SPRUNG GROVE STATE HOSPLUAL 22d PHYSICIAN S 22e. ADDRESS NAME (Type) Dr. Paul Li Machado Baltimore, Maryland 21228 23a BURIAL, CREMATION. 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) BEMOVA (Specify) New Cathodral Cemetery Balto. Md. REGISTRAR S 1985. REGISTRARS SIGNATURE 24 FUNERAL DIRECTOR

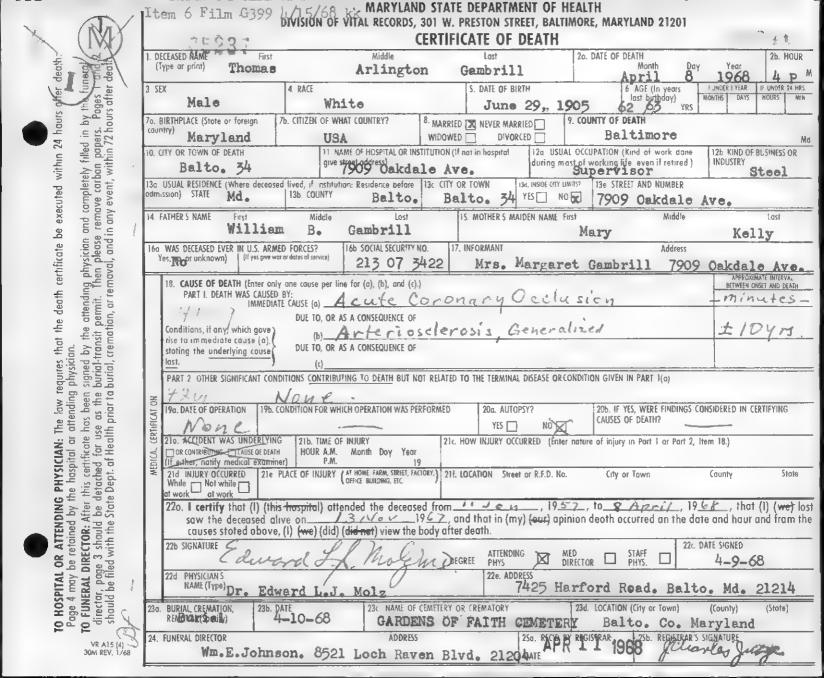
4101 Edmondsoh Avenue Directors. Balto. Md

30M REY.

Witzke Funezal

State







DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle Last 2a. DATE OF OEATH 2b. HOUR 1. DECEASED-NAME First requires that the deoth certificate be executed within 24 hours ofter death April Month 2. James F. Garvey, Sr. (Type or pnnt) 4. RACE S. DATE OF BIRTH 6 AGE (In years 3. SEX ipst_birthdoy) MOHRS Male Thite Nay 28. 1892 7a BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED THE NEVER MARRIED country) Maryland BaltimoreCounty, Md. U.S. A. WIDOWED DIVORCEO [10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR give street oddress) 50 N. Rolling Wholesale Plumbing Suppl Catonsville Catonsuil AND THE CAT LIMITS? 13a USDAL RESIDENCE (Where deceased lived, if institution: Residence before 13e STREET AND NUMBER NO A odmission) STATE 13b COUNTY Md. Rolling Road 14 FATHER'S NAME Middle Lost 15. MOTHER'S MAIDEN NAME First Mary Higgins James Garveu fronsit permit. Then please cremotion, or removol, and 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Yes, no, os unknown) | { f yes give war or 218-32-473 Mrs Gertrude I.Garvey 501 770778 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per one for (o), (b) and (c)); PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, if any, which gave) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) has been 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION CAUSES OF CEATH? NO DO YES 🗍 21g. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Port 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d INJURY OCCURRED 21e PLACE OF INJURY City or Town County State While Not while of work 220. I certify that (I) (this hospital) ottended the deceased from Nec-1960 to saw the deceosed alive on Mosch 7 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death. FUNERAL DIRECTOR: 22t. DATE SIGNEO 22b. SIGNAJURE ATTENDING PHYS. MED. DIRECTOR 220. Modical Arts Bldg. ,Balto., Md. J. Sheldon Eastland M.D. NAME (Type) director, should be 23b. OATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, BREMOVAE (Specify) 4/16/68 New Cathedral Cemetery-Baltimore, Maryland 24. EJNERAL DIRECTOR Sterling Dyneral Estappress 25b. REGISTRAR'S SIGNATURE VR A15 (4) Wilianles Catonsvil 30M REV 1768 Catonsville, Md. 21228

MARYLAND STATE DEPARTMENT OF HEALTH



VR A15 1/65 (4)[™]

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1. PLACE OF DEATH 9. COUNTY 7 71	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
BALTIMORE MARYLAND	a. STATE MARYLAND b. COUNTY BALTIMORE
b. CITY OR TOWN (If outside corporate limits. C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and give nearest town)	TOWISON
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS / 6. IS RESIDENCE
Chesapeake Mayor Nursing Home	525 York Road VES NO P
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
(Type or print) / ASSEA S, GEOR	6E DEATH APY 20, +1968
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	3. OATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR FUNDER 24 HRS.
FeMALE WHITE WIDOWED DIVORCED V	et, 24, 1897 Jast Dirthday) Months Oays Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE DWN HOME	Kythera, Freece USA
13. FATHER'S NAME	14. MOTHER'S MAIOEN NAME
Harris Christopher Souris	Beylah Kypriou
(Yes, no. or unknwn) ((If yes nive waf or dates of service))	INFORMANT Address
NO NONE The	odore George- Cedar Aye, Towson, Md,
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (2) Rupture of aan	tin addininal ancurien 30 min
OUE TO 1 - 1	
Conditions, If any, which \ (b) (Duannase	01 19651
gave rise to immediate cause (a), stating the OUE TO	
underlying cause last. 43/ × (c) Meling	clerazing
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BELA	TEO TO THE TERMINAL OISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BELA 20a. ACCIDENT WAS UNDERLYING TO CAUSE DE DEATH OR CONTRIBUTING CAUSE DE DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	YES NO D
20a. ACCIDENT WAS UNDERLYING J 20b. DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of Injury in Part I or Part II of Item 18.)
20a. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCCU GR CONTRIBUTING 1 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC While at work at work	ry, street, office bidg., etc.)
21. I certify that (I) (this hospital) attended the deceased from Ca	1958 to Am 1958 that 1) (we) last
11 10 11 11	death occurred at 10 FM, from the causes and on the date stated above.
22a. SIGNATURE	22b. DATE SIGNED
George T Gilmone M.O.	ATTENDING MEO. STAFF DIRECTOR PHYS. DASW122 1968
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type) GEORGE I GILMORE	1717 YORKRD LUTHERVILLE ND
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY / 23d. LOCATION (City, town or county) (State)
BREMOVAL (Specify) Apl. 23,1968 Expect Oxthou	dox Conneter Wood lawn, Md.
24 FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
John During Sons, Tourson, Md.	DATE APR 25 1968 foliantes grantes
THE	



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the process director, page 3 shauld be detached far use os the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the State Dept. af Health priar ta burial, crematian, ar removal, and in any event, within 72 hours after death

VR A15 (4) 30M REV 1/68

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hay Page 4 may be retained by the haspital or attending physician.

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											14 14 4
	ECEASED NAME Type or print)	^{first} Margar	et Eva	Middle Gessler		Last		20.	DATE OF DEATH Month 4 De	by 15 Year 6	8 6-0 M
3. SE	F		. RACE	W		S. DATE OF B		890	6 AGE (In years lost birthday) YRS	IF UNDER I YEAR MONTHS DAYS	NE JINDER 24 HRS HOURS MIN
7a l	BIRTHPLACE (State or factor) Baltim	oreign 7b ore, Md	CITIZEN OF WH	IAT COUNTRY? U.S.A.	8 MARRIE WIDOWE	D NEVER MA	RRIED	9. COU	NTY OF DEATH Baltimore		Md
10 (CITY OR TOWN OF DEAT	Н	11 NA give s	ME OF HOSPITAL OR INS	e Rd.	f not in hospital 21204			PATION (Kind of work done		BUSINESS OR
13o. adm	USUAL RESIDENCE (WHITE ISSEED) STATE Md	ere deceosed la	ved, if instituti 3b. COUNTY	on Residence before Baltimore	Tows		13d. INSIDE CITY L	IMITS?	13e STREET AND NUMBER (11)		
14. [rst stus Re	Middle UWET	Lost		IS MOTHER'S M	MIDEN NAME I Barbra		. Middle Derg		Lost
	. WAS DECEASED EVER (es, Norunknown)	IN U.S. ARMED I L (If yes give war or c		16b SOCIAL SECURITY N 212 40 62		. INFORMANT Eliza	beth A	. Ca	Ad å elsO arpenter, Ba		93
	18. CAUSE OF DEATH PART I DEATH I		:	ne for (o), (b), and (c).	C	ardia	ce f	40	rest.	BETWEEN O	MATE INTERVAL MISET AND DEATH 5 Zul-
	Condit ons, if ony, wrise to immediate costaining the underlyingst. PART 2 OTHER SIGN	ouse (a). ((b) DUE TO, OR A	IS A CONSEQUENCE OF	KES	coul	al	ble	Heart Direction on Given in Part 1(0)		
CERTIFICATION	190. DATE OF OPERATION	ON 19b. CONI	DITION FOR WH	ICH OPERATION WAS PE	RFORMED	20a. AUTO			20b. IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN C	ERTIFYING
MEDICAL CER	21o. ACCIDENT WAS OR CONTRIBUTING (If either, notify med 21d INJURY OCCURR While Not while	cause of Death licol exominer) ED 21e, PLAC	P.M.	Month Doy Yeor 19 (AT HOME, FARM, STREET FAC OFFICE BUNIDING, ETC.			•		of injury in Port 1 or Part 2 City ar Town	Caunty	Stote
	While Not while at work 220. I certify the saw the de causes stat	1 1 1		ended the decease	od from 966, a body afte	ınd thot in (n ır death.	, 19 <u>C</u> ny) (our) op	inion o	ta_APPA_15_, 11	9_68_, that late and haur	(I) (we) los and from the
	DATE SUBSTITUTE	Certh KEITH	A.	Manle.		GREE PHYS 22e AD			YOTAL .	4-16-	40-
230.	BURIAL, CREMATION, REMOVAL (1800)1.	23b. DATE	-, - :-	23c. NAME OF	CEMETERY (23d.	LOCATION (City or Town)	(County)	(Stote)
24.	FUNERAL DIRECTOR Wm. Coo	k-Brook	s Tows	ADDRESS on, Towson	, Md.	21204	25g REC'D F	-4		'S SIGNATURE	edge.

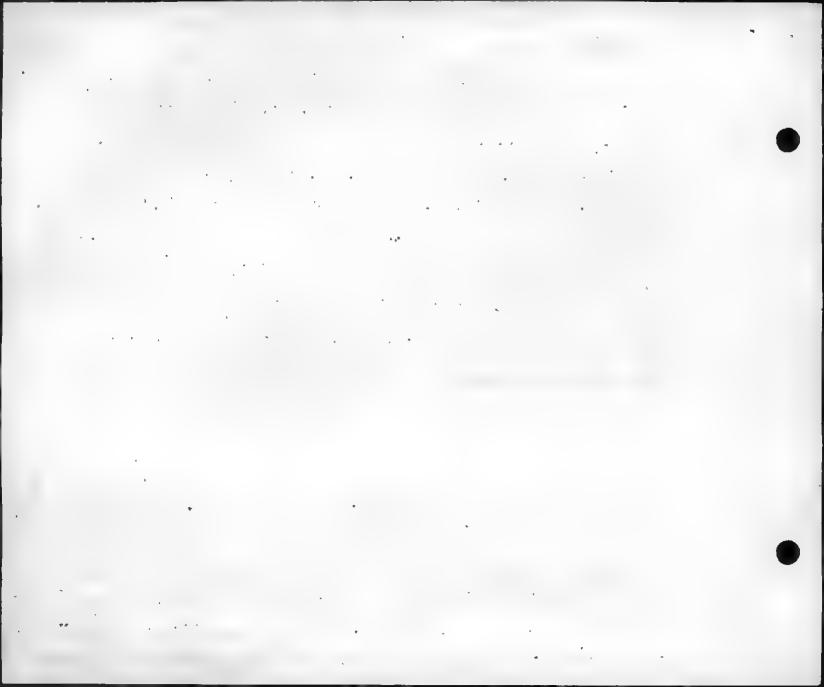


TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the director, page 3 should be detached for use as the burial-trans:t perm.t. Then pleose remove carban papers. Page should be filled with the State Dept. of Health prior to burial, cremotian, arremoval, and in any event, within 72 hours of Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 30M REV 1/68

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	ECEASED-NAME First		Middle		Last		2a DATE OF			2b. HOUR I
(1	(ype or print) Morris	1	IMI	Goldberg			April 23,198			8 11款
3. SE	X	4. RACE			S DATE OF BIRT	4		6 AGE (In years	IF JHOER 1 YEAR	
	Male	****	sk -Whi	te	Feb.	11,1	900	lost birthgry)	RS. MONTHS DAY	YS HOURS MIN
	BIRTHPLACE (State or foreign	76. CITIZEN OF WHAT		8. MARRIED	NEVER MARRIE	D#X 9	COUNTY OF	DEATH		
(011	Md.	U.S. A	A.	WIDOWED			Ba	ltimore	Co.	Mo
10. (TITY OR TOWN OF DEATH		OF HOSPITAL OR INS					(Kind of work dar		OF BUSINESS OR
į.	Randallstown	, Md give sire	et oddress) Baltimo:	re Co	.Gen.	during mo:	CLERK	ife, even if setired	d) INDUSTRY	OOD
130.	USUAL RESIDENCE (Where decease			13c CITY OF		NSIDE CITY LIM	37	REET AND NUMBER		
QG(E)	ission) STATE Prd.	13b. COUNTY B	alto.	Rand	allsto	NO E	△ 37	702 Alle	enswood	1 Ct.
14. 1	FATHER'S NAME First	Middle	Lost		S. MOTHER'S MAID	en name fir	st	Middle		Lost
	Abraham		Goldb			ELI	ZABET	H	Gol	dberg
	WAS DECEASED EVER IN U.S. ARN (es, no, or unknown) (If yes give w		6 SOCIAL SECURITY N		MIR MANT LI	LLIA	N BER	NHARI ddress	3702 A	LLENS-
	53, 110, 51 61141101111		212-22-	1326	<u> </u>	XXXX	XXXXX	XXXXMOO		#21133
	18. CAUSE OF DEATH (Enter on		or (o), (b), and (c).)						OXIMATE INTERVAL EN ONSET AND DEATH
	PART I. DEATH WAS CAUSED IMMEDIA	TE CAUSE (a)	Congest	ive H	eart Fa	ailur	8			
	4124	, , , , , , , , , , , , , , , , , , , ,	CONSEQUENCE OF							
	Conditions, if ony, which gave a rise to immediate cause (a), ((b)A3	rterios	clero	tic Car	rdiov	ascul	ar Dise	886	
	stating the underlying cause	DUE TO, OR AS A	CONSEQUENCE OF							
	last.	(c)								
	PART 2. OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING	G TO DEATH BUT NO	OT RELATED T	D THE TERMINAL D	ISEASE OR CO	INDITION GIVE	N IN PART 1(o)		
No	7221				100 1111111		Too			
CERTIFICATION	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH	OPERATION WAS PEI	RFORMED	20o. AUTOPS			YES, WERE FINDING OF DEATH?	35 CONSIDERED IN	CERTIFYING
ERTIF	210. ACCIDENT WAS UNDERLYIN	C law Time of its	It IPAA	102 11	YES	NO 💌			0.00	
	OR CONTRIBUTING CAUSE OF DEAT	- 1 T.	Month Day Yeor	21c. H	UW INZORY ULLUK	KED (Enter	חסוערפ פו וחועי	y in Port 1 or Port	2, Item 18)	
MEDICAL	(If either, natify medical examin		19		200000000000000000000000000000000000000	D F 6 11				5.
~	While [7] Not while [7]	PLACE OF INJURY (AT	FICE BUILDING, ETC	ioki. Ji 211 Li	JCATION Street of	IFK FD, No.	Lity	or Town	County	State
	at wark at wark		ladaha dan sa	1.6	1-71	10 6	P to 4	6/2.2	10 / 5/ 45	-> //\ /\ /
	22o. I certify that (I) (the	ive on	ied the deceose	ed from 9 6 P on	d that in (my)	(OUT) ODID	ion death o	ocurred on the	date and has	iat (I) (we) las
	causes stated abave	, (I) (we) (did) (di	d not) view the	body after	deoth.	المام (تحتة)		Accompagn of the	outo and not	or direction in
	225 SIGNATURE	73 ¥			ATTENDING	C ME	n —	STAFF 2	2c DATE SIGNED	
	- austo 6	X Agu	ino Jy	C DEGI	REE PHYS.	LJ DIF	RECTOR L	PHYS.	4-24	1-68
	22d. PHYS CIAN'S NAME (Type)	111			22e ADDRE	- 1			\ //	
	''' Гжибт		+ ONINO	JR		111174	E COU		-N. H	CSP / TH L
23a	BURIAL, CREMATION, 23b. (23c. NAME OF					ON (City or Town)	(County)	(State)
né.		-25-68	OHEB S	SHALO		- DECED ON		PIMORE,	MARYL	AND
\$3	LEVINSON &	BROS. I	INC. ADDRESS			REC'D BY	REGISTRAR	1968 × 1968	ARS S GNATURE	Younge.
6	To REISTERS	OWN ROAL), BALT). 21	215	ATE #	11 40	1000	0	11 0



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME IRENE M.ddle Lost 20. OATE OF OEATH 2b HOUR GORE (Type or print) 3 SEX 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR hours ofter 6. AGE (In years IF JADER 24 HRS last bighday) FEMALE WHITE 1-5-06 HOURS requires that the death certificate be executed within 24 haurs 7a BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED X NEVER MARRIED country) ve carbon popers. event, within 72 ho .⊑ MARYLAND USA BALT IMORE WIDOWEO [DIVORCED completely filled 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUA, OCCUPATION (Kind of work done 2b KIND OF BUSINESS OR during most of working life, even if retired)
HOMEMAKER **INDUSTRY** CATONSVILLE NURSING HOME 13a JSUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13a. INSIDE CITY LUMITS? 13e STREET AND NUMBER admission) STATE 13b COUNTY NO Z YES 🗔 MD. BALTO. 9 N. BELLEGROVE RD. CATONSVILLE and in ony 14 FATHER'S NAME First Middle Last IS MOTHERS MAIDEN NAME First Middle the ottending physicion and sit permit. Then please rem WALTER HORTON LILLIAN 16b SOCIAL SECURITY NO. 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yes, no or unknown) burial, cremation, or removal, NONE LEROY W. GORE 9 N. BELLEGROVE RD. APPROX.MATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART 1 DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) burial-tronsit rise ta immediate cause (a), signed by 1 QUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) for use os the t Health prior to b 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING certificote hos CAUSES OF DEATH? NO 🔲 YES 🔲 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 216 TIME OF INJURY OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Manth Day Year detoched for the Dept. of P (If either, natify medical examiner) P.M. 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY,) 21f LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark 22a | certify that (!) (this hospital) attended the deceased from 2/14 1963, and that in (my) (our) opinion death occurred on the date and hour and from the saw the deceased alive on... Page 4 may be retained , page 3 should be filed with the O FUNERAL DIRECTOR: causes stated abave, (I) (we) (did) (did not) view the body after death 22b. SIGNATURE 22c DATE SIGNED ATTENOING STAFF DEGREE PHYS DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) KASAITIS director, gardine 1801 FREDERICK RD. EDMUND 23a. BURIAL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) REMOVAL (Specify) 4-6-68 WOODLAWN CEMETERY MD. WOODLAWN BALT O. RIIRTAT. 256 REGISTRAR'S SIGNATURE **ADDRESS** 24 FUNERAL DIRECTOR 2So. REC D BY REGISTRAR VR A15 (4) HOWARD H. HUBBARD 4107 WILKENS AVE. 30M REV 1/68 DATE



243

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

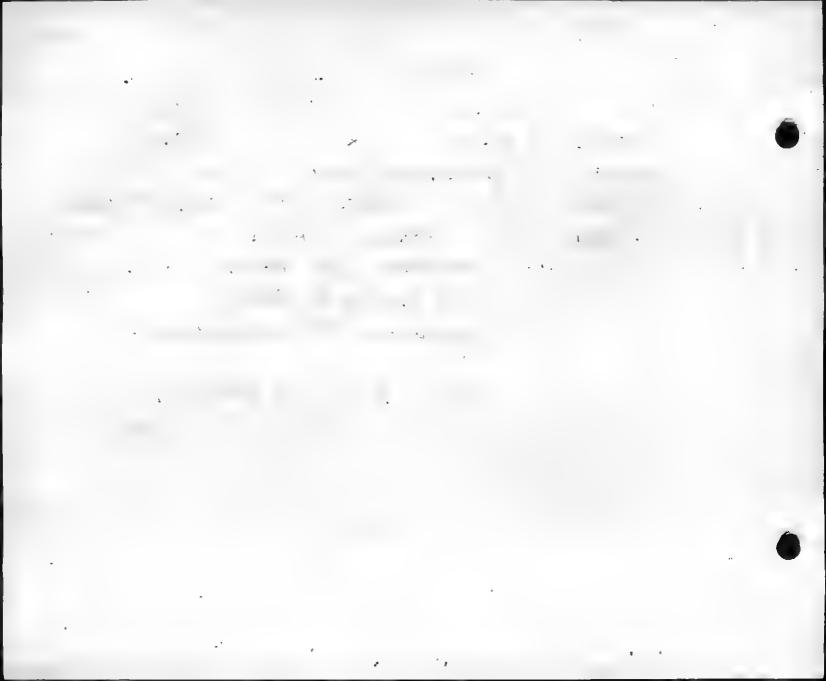
•	
CERTIFICATE	OF DEATH

\sqrt{I}		CEASED NAME	First		Middle		Lost		20 DATE OF			м	25 HOUR
	/ (I	ype or print)	ALICE	•	GERTRU	DE	GRI	BBIN		Month	25	- Aear	6 A M
7	3 5E	X		4 RACE		!	DATE OF B	RTH	***	6. AGE (In ye		IF UNDER 1 YEAR	IF LINDER 24 HRS
	1	F		C	Gir.		2	12/93	3	lost birthdor	YRS.	NONTHS DAYS	HOURS MHI
	70. B	IRTHPLACE (Stote	or foreign	75. CITIZEN OF WHA	T COUNTRY?	8 MARRIED	T MEVED MAD	PIED 9	COUNTY OF				
- 1	coun	BALTO.	MD.	H.S.	A.	WIDOWED		RCED [BAL	10.		Md
1	10. C	ITY OR TOWN OF		II NAI	AE OF HOSPITAL OR INS			120 LSUAL	OCCUPATION	(Kind of work	done	126 KIND OF	BUSINESS OR
	-	TOWSON)	give st	BALTO, M	ed. Ce	NTER	during mos	af warking l	ife, even if re	tired.)	INDUSTRY	HOME
			(Where deceose		n: Residence before	13c, CITY OR T	OWN	13d. INSIDE CITY LIM		EET AND NUM	BER		
	aamı	ssion) STATE	1D	13b. COUNTY	- · 1/	BAL	10	YES NO	43	6 E, 2	8 %	Stre	its
	14. F	ATHER'S NAME	First	Middle	l.ast	15	MOTHER'S MA	AIDEN NAME Fire	st	Mi	ddle		Lost
		NICH	6LAS	p	LEBI	RUN		ALICE	F	7.		Hoo	NEY
		WAS DECEASED E	VER IN U.S. ARMI	D FORCES?	166 SOCIAL SECURITY N	IO. 17. IN	FORMANT		\	EUGE Ad	dress	N. GRI	BBIN
	Y	es, no, or unknow	1) (1 yes give wo	pr dates of service)	220-54-6	787	P+15	4157	ORY)	518	CANT		RY Rd
		18. CAUSE OF E	EATH (Enter only	ane cause per line	for (o), (b), and (c).	_ ^	0					APPROXI- BETWEEN O	MATE INTERVAL INSET AND DEATH
		PART I. DE/	ATH WAS CAUSED	BY. E CAUSE (o)	Ventr	icula	~ 406	rillal	non.				
		410		1.	A CONSEQUENCE OF				0	1.			
		Conditions, if on		(b)	Hyperter	mre	caroli	6 Yasu	land	linear	e		
		rise to immedia stating the und		DUE TO, OR AS	A CONSEQUENCE OF								
		last.	lettling couse	(4)	0								
		PART 2. OTHER	SIGNIFICANT CONI	DITIONS CONTRIBUT	NG TO DEATH BUT NO	T RELATED TO	THE TERMINA	L DISEASE, OR CO	NDITION GIVEN	I IN PART 1(o)			
	2				Inlusion	of U	ver	with	faund	الحصا			
	CATION	190 DATE OF OPE	RATION 19b. C	ONDITION FOR WHIC	H OPERATION WAS PEL	REFORMED	20a AUTO	PSY?			DINGS CO	NSIDERED IN C	ERTIFYING
1	CERTIFIC						YES Z	7 NO 🗆	CAUSES	OF DEATH?	you		
		210 ACCIDENT				21c HOV	W INJURY OCC	URRED (Enter	noture of injur	y in Port 1 or	Fort 2, It	em 18)	
	Š	OR CONTRIBUTING	CAUSE OF DEATH medical examin		Month Doy Year								
	Q_	21d INJURY OC	URRED 21e.	PLACE OF INJURY /	AT HOME, FARM, STREET, FAC		ATION Stree	et or R.F.D. No.	City	or Tawn		County	Stote
		While Nat v	while I	(STREE BUILDING, E.C.	1							
		22c. I certify	that (1) (this	haspital) atte	nded the decease	d fram_M	ARCH	14 , 19 4	<u>Y</u> , to <u> </u>	7/4/1 2		GY, that	(4) (we) last
		saw the	deceased ali	ye an 13/3/	25 1	9 <u>64</u> , and	that in (n)	∳) (aur) apın	ian death a	ccurred on	the dat	e and haur	ond from the
		22b. SIGNATURE	statea abave,	(b) (we) (ala) (did (at) view the l	oddy difer di	earn.				I 22- D	ATE SIGNED	
		220. SIGNATURE	70	C.00.	milo	DEGRE	ATTENDI			STAFF -	Pan	124-	1919
,		22d. PHYSICIAN'	J, L,	Cucus	////	DLOKE	22e. ADD		RECTOR L	PHYS L	1 6 9 19	11 /3	770.
1		NAME (Type		Cul	Lis /	MD		ater	Balto	Med 1	cal	Cente	פל
W.	230	BURIAL, CREMATI	ON 23b. D	ATF	23c NAME OF	EMETERY OF C			23d. LOCATIO			(County)	(State)
(1)	- 1	REMOVAL (Specif	y) 1, 19	29/68	Baltim					imore		Md	' '
1		FUNEDAL DIRECTO	D					7			-		
8	H	. W. J	ènkins	& Sons	Co. 7190	5 Yor	k na.	DATE S	100	8 80	lare	IGNATURE OF	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial transit permit. Then please remaye carban papers Pages 1 and 2 should be filed with the State Dept of Health prior to burial, crematian, ar remayal, and in any event, within 72 hours programment. VR A15 (4) 30M REV. 1/6

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the haspital ar attending physician.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 35244 CERTIFICATE OF DEATH 20. DATE OF DEATH 2b. HOUR Bessie Montague Brown Griswold 5 DATE OF BIRTH IF UNDER 24 HRS 6 AGE (in years last birthday) 1886 White June 11. 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED NEVER MARRIED U.S.A. WIDOWED X DIVORCED [Baltimore 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 125 KIND OF BUSINESS OR give street address)
7 Montrose during most of working life, even if retired)
Homemaker 13e STREET AND NUMBER 3d INSIDE CITY JALTS? 13b. COUNTY Balto.12 YES 🗌 NO S Balto Montrose Ave. Middle Lest IS. MOTHER'S MAIDEN NAME First M.ddle Lost Alexander Brown Bessie Montague 16b SOCIAL SECURITY NO. 17. INFORMANT Address I (If was give war or dates of service) 220-44-717751 Alexander B. Griswold Monkton BETWEEN ONSET AND DEATH Cudmoscle DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR & A CONSEQUENCE OF 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗀 NO T 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) 21b. TIME OF INJURY HOUR A.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town County Stote

DECEASED NAME requires that the death certificate be executed within 24 hours after death. (Type or print) 3 SFX physician and completely filled in by the rem please remave carban papers Pages Female 7o. BIRTHPLACE (State or foreign country) Md 10. CITY OR TOWN OF DEATH Balto. 12 130 USUAL RES.DENCE (Where deceased lived, if institution, Residence before \$13c CITY OR TOWN odmission) STATE signed by the attending physician and co burial-transit permit. Then please remay burial, cremation, ar remavol, and in any 14. FATHER'S NAME 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (a) Conditions, if any, which gave) rse ta immediate cause (o), stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) for use as the t Health prior tab the haspital or attending this certificate has been 19a, DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examiner) 21d INJURY OCCURRED While Nat while at work O FUNERAL DIRECTOR: After 22a. I certify that (I) (this hospital) attended the deceased from _________, 1944_____, to _________, 1968_____, that (I) (we) lost sow the deceased alive an __________, 1868______, and that in (my) (our) opinion death occurred on the date and hour and from the couses stated above, (I) (we) (did) (did not) view the bady after death. 1946, to and be retained 22c DATE SIGNED 22b. SIGNATURE ATTENDING PHYS MED. DIRECTOR DEGREE director, page should be filed 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) WALTER BIGUCK RALTO 18 E.EASER 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b. DATE 23a BURIAL, CREMATION, (Egunty) (Stote) Burnaya (pecify) 4-22-68 Balto.Co. Md. St. James 24 FUNERAL DIRECTOR **ADDRESS** 250. REC'D BY REGISTRAR H.W. Jenkins & Sons Co. 4905 York Rd. Balton APR

30M REV 1/68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 30245 CERTIFICATE OF DEATH 20 DATE OF DEATH DECEASED NAME First Middle Lost 2b. HOUR (Type or print) E. Month 26, Doy 1968 eor MABEL XX **GUERKE** April 5. DATE OF BIRTH 3. SEX 4. RACE 6. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday) 85 White Female August 21, 1882 requires that the death certificate be executed within 24 hours 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED Virginia U.S.A. Baltimore WIDOWED (25) DIVORCED [7] within 12a USUAL OCCUPATION (Kind of work done 10, CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR during most of working life, even if retired)
Housewife graduate Nursing INDUSTRY Catonsville Home by the attending phys.con and complete transit permit. Then please remove corb cremation, ar removal, and in any event, 13o. USUAL RESIDENCE (Where deceased lived, if institution; Residence before, 13c, CITY OR TOWN 3d INSIDE CITY LIM TS? 13e STREET AND NUMBER odmission) STATE Maryland 13b. COUNTY YES NO 816 N. Woodington Road Baltimore 14 FATHER'S NAME First 15 MOTHER'S MA DEN NAME First Middle Middle Lost Callis John Pickett Mary 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT Ave. Yes, no, or unknown) | (If yes give war or dates of service) Mr. Robert D. Guerke, Jr. 2216 Westchester 18 CAUSE OF DEATH (Enter only one couse per line for (g) (b), and (c).)
PART I, DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (o) Conditions, if only, which gove) **I-transit** rise to immediate couse (o), signed by t buriol-trans burial, crem DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART #Je 7 = 01 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? 20b. F YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES -O FUNERAL DIRECTOR: After this certificate 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 23c HOW INJURY OCCURRED (Enfer noture of injury in Port 1 or Part 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 218 PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21d. INJURY OCCURRED 21f LOCATION Street or RFD No City or Town County Stote While Not while of work 22a. I certify that (1) (this hospital) attended the deceased from 766 78, 1958, to 1968, 1968, that (1) (we) lost saw the deceased of ve on 1968, 1968, and that in (my) (our) opinion death occurred on the date and hour and from the couses stated above (1) (we) (did) (did not) view the bady after death 22b SIGNATURE 22c DATE SIGNED ATTENDING director, page 3 should be filed v DIRECTOR 22d PHYSICIAN S 22e. ADDRESS 4116 Edmondson Ave., Balto., Md. NAME (Type) Dr. Harry 23d LOCAT ON (City or Town) (Cour Baltimore, Maryland 23c NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, 23b DATE (County) (Stote) BURTAL (Specify) 4-29=1968 Loudon Park Cemetery 2So. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FLINERAL DIRECTOR VR A15 (4) Howard H. Hubbard, 4107 Wilkens Ave. 21229 DATE



VR A15 (4) 30M REV, 1/68 REMOVAL (Specify)

FUNERAL DIRECTOR

The law requires that the death certificate be executed within 24 hours after death

has been

TO FUNERAL DIRECTOR: After this certificate

by the haspital ar

Tabernacle

ADDRESS

25h REGISTRAR'S SIGNATURE

Whiteford, "arford. Md.

County

22c. DATE SIGNED

(County)

2b. HOUR

IF UNDER 24 HRS

HOURS

12b. KIND OF BUSINESS OR

Hughes

APPROXIMATE INTERVA

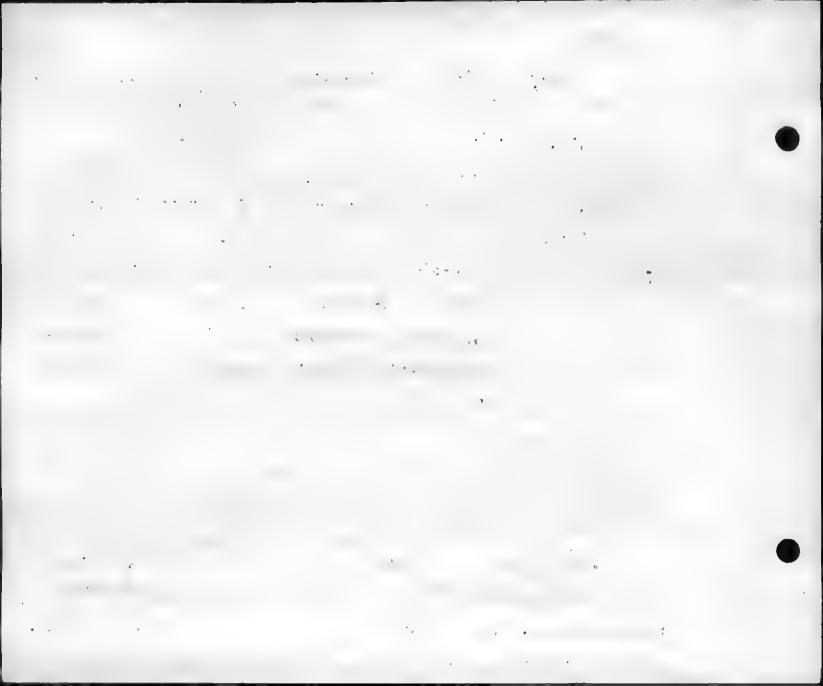
BETWEEN ONSET AND DEATH

Stote

(Stote)

IF UNDER 1 YEAR

SHTHOM





death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law equires that the death certificate is exacuted within 24 haws Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

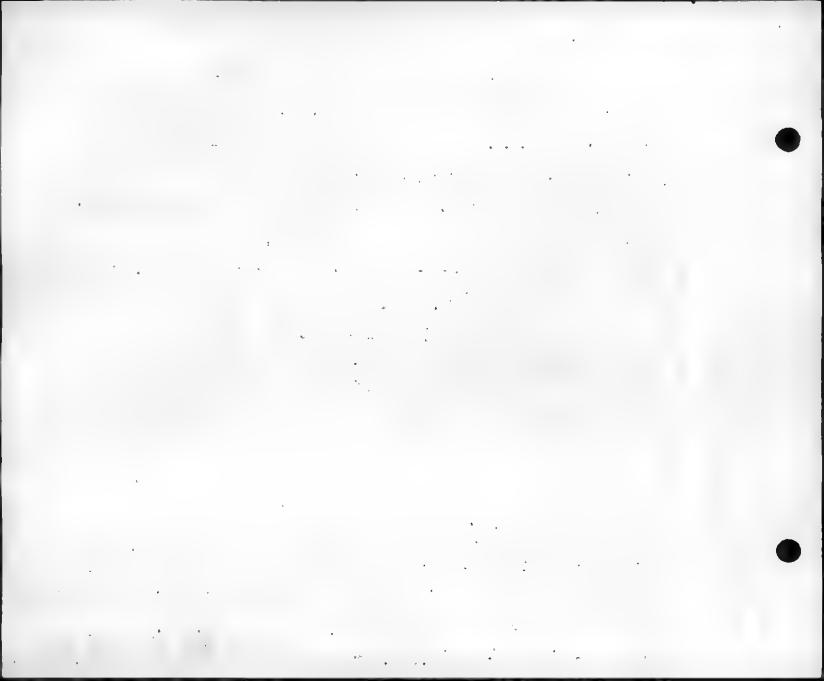
	00%34	C.*			CERTIFI	CATE OF	DEATH				(1) 5	95
	CEASED-NAME	First		Middle		Last		2a. D	ATE OF DEATH			Zb. HOUR
£1	ype ar print)	PAUI		RADCLIFFE		HARTMAN	SR.		APRIL	200	1968	10:50PM
3 SE	X		4. RACE			5. DATE OF BI	RTH		6. AGE (In		IF UNDER 1 YEAR	IF UNDER 24 HRS.
	MALE		W	HITE		11/2	27/97		70 birth	YRS.	MUNIPS DATS	HOURS MIN
7a 6	BIRTHPLACE (State a	r foreign	76 CITIZEN OF W		8 MARRIED	NEVER MAR	RIED	9. COU	NTY OF DEATH			
(001	MARYLAN	D	U.S		MIDOME		CED 🔲		BALTIM			Md
10 (TORT HO	EATH		AME OF HOSPITAL OR IN		nat in hospital SPITAL	during mo SELE	L OCCU st of w	PATION (Kind of wo arking life, even if IPLOYEED	retired)	INDuSTRY	F BUSINESS OR RUCTION
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14	FATHER'S NAME	First	Middle	Lost		IS. MOTHERS MA				Middle		Last
	IS	AAC		HARTM			Vo	lea	r			Davis
	WAS DECEASED EVE			166 SOCIAL SECURITY		INFORMANT				Address		
	es no erunknawn) YES	[WW]	r or dates of service)	212 20 06	76 C	LINICAL	RECORI	x,	VAH, FT.	HOWA		XIMATE INTERVA.
		ATH (Enter only E WAS CAUSED EMMEDIAL	BY PECAUSE (a)	ne far (a), (b), and (c). JLMONARY CO) ONGESI	CION AND	EDEMA					ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) PULMONARY CONGESTION AND EDEMA DUE TO, OR AS A CONSEQUENCE OF CARDIOMEGALY CARDIOMEGALY									YEARS		
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	stating the under	lying couse		RTERIOSCLI	EROTTO	HEART	DISEAS	E			YEA	RS
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_	TA (PATO			,					,	,		
CERTIFICATION	19c. DATE OF OPERA	TION 195. C	ONDITION FOR WE	NCH OPERATION WAS PE	RFORMED	20a AUTO			206 IF YES, WERE F CAUSES OF DEATH?	INDINGS CO	ONSIDERED IN	CERTIFYING
MEDICAL CER	210 ACCIDENT WA	CAUSE OF DEATH	HOUR A.M.	F INJURY Month Day Year		HOW INJURY OCC	URRED (Enter	nature	of injury in Port 1	or Part 2, I	tem 18.)	
	21d N.JRY OCCU White Not whi	RRFD 21e I	- 7	AT HOME, FARM, STREET FAI OFFICE BUILDING, ETC.		LOCATION Stree	t or R.F.D. No		City or Town		County	State
	22a. I certify	that 🙀 (thi: deceased ali	ve on APR	ended the decease IL 20	19.68 . a	nd that in Da	17 , 19 £ 10 (aur) apıı	5 <u>8</u> , nian d	ta_APRII. eath accurred a	20 , 19 n the da	68_, tha te and have	ta(t) (we) last and fram the
	22b. SIGNATURE	lan	1/62	-JM	DEC	GREE PHYS		ED RECTOR	STAFF D	_	21 68	
	22d. PHYSICIAN'S NAME (Type)	MARIO	S. QUII	ROS, MOD.		22e. ADD V.A.	RESS H, FT.	HOW	VARD, MD.			
	BUR AL, CREMATION		ate 1/24/68	23c NAME OF BALTIMO				1	LOCATION (City or To		(County)	(State)
	FUNERAL DIRECTOR			ADDRESS			25o. REC'D B'				SIGNATURE	1 ==
L	UDAS FUN	ERAL HO	DME, 792	2 WISE AVE	BALT	O MD	DATE	24	1968	رها	ales for	7

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fit director, page 3 shauld be detached far use as the bur al-transit permit. Then please remove carban papers. Pages 1 shauld be filed with the State Dept. of Health priar to burial, cremation, ar removal, and in any event, within 72 haurs after VR A15 (4) V 30M REV 1/68

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED NAME First M.ddle Lost 20. DATE OF DEATH 2b. HOUR death (Type or print) Yeor Pauline Hartung 3 SEX 4 RACE requires that the death certificate be executed within 24 haurs after S DATE OF BIRTH 6 AGE (n years IF UNDER I YEAR IF JMDER 24 HRS last birthday) MONTHS physician and completely filled in by the Female Sept. 17. 1886 76 CITIZEN OF WHAT COUNTRY? 7a BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 8. MARRIED 🔲 NEVER MARRIED 📆 (Country) Maryland U.S.A. WIDOWED [DIVORCED [Baltimore 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work dane 126. KIND OF BUSINESS OR give street oddress)
Summitt Nursing Home during most of working life, even if retired.) INDUSTRY please remave carban BAITU, EU. MD 130 USJA: RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13e STREET AND NUMBER 13d. INSIDE CITY LIMITS? 13b COUNTY YES 🔽 3624 Edmondson Avenue Bal timore 14 FATHERS NAME Middle Last IS, MOTHER'S MAIDEN NAME First lost Pauline Hagan Henry Hartung 160 WAS DECEASED EVER IN L.S. ARMED FORCES? 66. SOCIAL SECURITY NO. 17. INFORMANT 702 Braeside Monad Yes, pa, ar unknawn) 215-10-5329 Dorothy Ashburn, Balto. Md. 21229 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY ARCINO MATOSIS 6 IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF CARCINOMA - PANCREAS signed by the burial-transit p burial, crematic Conditions, if ony, which gove) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) O FUNERAL DIRECTOR: After this certificate has been os the 19g DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [for use 2 o ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Manth Day Year (It either, notify medical examiner) P.M (AT HOME, FARM STREET, FACTORY) 21f. LOCATION Street or R.F.D. No 21d INJURY OCCURRED 21e. PLACE OF INJURY City or Town County Stote While Not while of work 22a. I certify that (1) (this haspital) attended the deceased from ATRIL 19188, to ATRIL 19188, that (1) (we) lost saw the deceased alive an APRIL 131968, and that in (my) (our) apinion death accurred on the date and hour and from the couses stoted above, (I) (we) (did) (did not) view the body ofter death. 226 SIGNATURE -MED. DIRECTOR DEGREE PHYSICIAN'S 22e, ADDRESS EDMONDSO NAME (Type) director, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23g. BURIAL, CREMATION, (County) (State) Burial (Specify) Oaklawn Cdmetery Balto., Md. 4-18-68 BY RECTTRANCES 256. ASSURES SAL 24. FUNERAL DIRECTOR 4101 Edmondson Avenus Wit zke Funeral Directors, Balto., Md. 21229

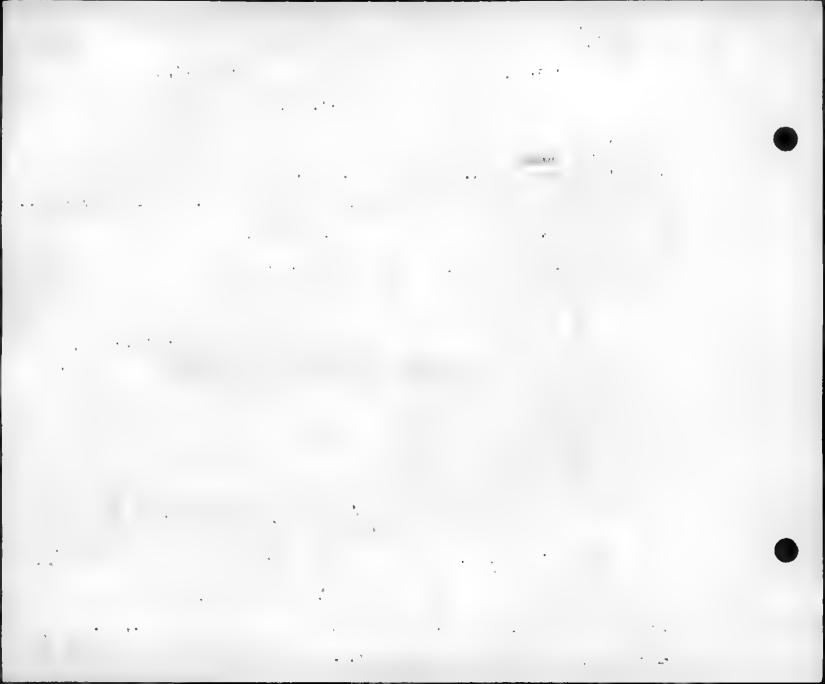


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		35250	(CERTIFICATE OF DEATH		774
		CEASED-NAME First ype or print) SAMU	Middle EL P. HAUCK	Lost	20. DATE OF DEATH April 2001h 1968ay	Yeor 2b. HOUR 2AN M
	3. SE	x Male	4 RACE White	S. DATE OF BIRTH Oct.16,1900	6 AGE (In years last birthdoy) YRS	MONTHS DAYS HOURS MIN
I	€6UN	Maryland	7b. CITIZEN OF WHAT COUNTRY? USA	8. MARRIED NEVER MARRIED DIVORCED DIVORCED	9 COUNTY OF DEATH Baltimore	Md
1	E	ity or fown of DEATH Rur Bowley's Quarte:	rs givestreet deress enec	ca Gardens Rd. duning m	AL OCCUPAT ON (Kind of work dane ost of work ng life, even if retired) auffeur	125 KIND OF BUSINESS OR INDUSTRY
	13o admi	USUAL RESIDENCE (Where decease ssian) STATE Varyland	d lived, if institution Residence before 13b COUNTY Baltimore	e Rural YES N	Rt. 15 Seneca	Gardens Rd.
			Middle Last am Hauck	Is MOTHER'S MAIDEN NAME F Lizetta Loc	chmiller	Lost
	160. Y	was DECEASED EVER IN U.S. ARMI	the state of the s	no. 17. INFORMANT 529A Hilda Hauck	Address Same	
		PART I. DEATH WAS CAUSED IMMEDIA? Conditions, if ony, which gave rise to immediate cause (a), stating the underlying couse last	TE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c)	coronary T exterioscleration rigullar Fib	-hrombosis c Coronary O (50) Fillation	15 Minutes 5 yrs 5 yrs
	NO	I maybe		IOT RELATED TO THE TERMINAL DISEASE OR		4
A.	RTIFICATI		ONDITION FOR WHICH OPERATION WAS PE	YES NO	·	
	DICAL CE	21a ACCIDENT WAS UNDERLYING or CONTRIBUTING cause of Death (if either, natify medical exomin	HOUR A.M. Manth Day Year er) P.M.	9	ir nature of injury in Part 1 or Part 2, 1	rem 18.)
	ME	Training I mai witte		(TORY,) 21f. LOCATION Street or R.F.D. No		County State
		220. I certify that (I) (the saw the deceased of causes stated above	s hospitul) attended the deceasive on APT 120 (i) (we) (did) (did not) view the	ed from AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	inion death occurred on the do	60, that (i) (we) lost te and hour and from the
		22b. SIGNATURE/ 05 epl	Pokorny m	DEGREE PHYS	MED STAFF 22c I	PATE SIGNED 4/23/68
		22d. PHYSICIAN'S NAME (Type) DR	IOSEPH POOK	ORNY 2200E	Mad sonst	, , , ,
`			25/68, 9ak L	cemetery of crematory awn Cemetery	23d LOCATION (City or Town) Baltimore Co	
1	24.	ruzdzinski Fune	eral (Home 1407 Eas		REGISTRAL 1968 REGISTRAL	The Juage

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after Leath. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by director, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. I should be filed with the State Dept. of Health prior to burial, crematian, or removal, and in any event, within 72 haux



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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CERTIFICATE OF DEATH

Francis Gasch's Sons Hvattsville, Md.

3b. Hour 2 : 45 1 DECEASED-NAME First Middle Inct 2n DATE OF DEATH (Type or print) Month, Marie Hawkins Ruppersberger April 4 RACE 3 SFX S. DATE OF BIRTH 6 AGE (n years F JNOER 24 HRS. (ast birthday) May 6, 1903 female white 70 BIRTHPLACE (State or foreign 75 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH U. S. A Baltimore WIDOWED FT DIVORCED X 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work dane 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR give street address) SPRING GROVE during most of working life, even if ret red)
housewife INDUSTRY Catonsville STATE HOSP. Own Home 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13e STREET AND NUMBER 13c CITY OR TOWN 13d INSIDE CITY LIM TS? admission) STATE 13b. COUNTY YES 😓 2 Park Drive Larchmont 14. FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME First Lost George Gustave Ruppersberger Mary Elizabeth Doberer 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT (If yas give war or dates of service) Yes, no, or unknown) Records: SPRING GROVE STAT HOSPITAL none 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b) and (c).)

PART I DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a)

Majorardial Infarction, acute, death, BETWEEN ONSET AND OFATH audden (min DUE TO OR AS A CONSEQUENCE OF (b) Arterioscleretie Cardiovascular Heart Dis 15 yrs. Conditions, if any, which gave) rise to immediate couse (o). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause () Arteriosclerosis. Generalized. senile. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) a) Obesity (270lbs.), exogenous; b) Diabetes Mellitus, age onset, mild. 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? CAUSES OF DEATH? YES 🗀 NO IX 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBLTING CAUSE OF OFATH HOUR A.M. Month Day Year (If either, notify medical examiner) 23e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY) 21F LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City of Town County State While Not while at work 22a. I certify that (t) (this haspital) attended the deceased from April 2019 13, to April 29 19 00, marxon (we) too.

April 27 19 00, and that in (my) (80) apinian death accurred an the date and haur and from the causes stated abave, (1) (WEX (WA) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED. ATTENDING 4-29-68 DEGREE DIRECTOR PHYS. 22e. ADDRESS SPRING GROVE STATE 22d. OHYSTCIAN S NAME (Type). Young, M.D. Anthony J. Raltimore, Maryland 21228 23c. NAMED OF CREMATORY 23d LOCATION (City or Town) Baltimore M.d. 23a. BURIAL, CREMATION Balta. REMOVAL (Specify)
Burial Loughn Park Cemetery 250 REC'D BY REGISTRAR 24. FUNERAL DIRECTOR

DATE

requires that the death certificate be executed within 24 haurs after douth physician and completely filled en please remaye carban pape and in any event, burial-transit perm has been this certificate O FUNERAL DIRECTOR: After be retained director, page 3 shauld

VR A15 (4) 30M REV, 1/68





TAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

0	1,0	2	5	3	DIVISION	OF	VH

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in my the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 haurs affected the

IN HOSPITAL BR ATTENDING EHYSICIAN: The law Equires that the death certificate be executed within 28.

Poge 4 may be retained by the hospital or ottending physician.

VR A15 (4) 25M 1/67

I. PLACE OF DEATH O. COUNTY Balto.		2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before adm south) a STATE Md. b. COUNTY City					
	MARYLAND			- W			
b CITY OR TOWN (if autside carparate limits,	c. LENGTH OF STAY IN 16	CCITY OR TOWN (If ou	tside corporate limits, write RURAL and give	e nearest town)			
Randallstown		Bal	timore				
d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, g		d. STREET ADDRESS		e IS RESIDENCE ON A FARM?			
CHAPELL HILL NURSIN	16 HOME	Park	Ave.	YES NO			
3 NAME OF First	Middle	Last	4 DATE Manth	Doy Year			
(Type or pnnt) Cora E.	Hoffacker		DEATH 4 -	10 1968			
S SEX 6 COLOR OR RACE 7 MARRIED		DATE OF BIRTH	9 AGE (In years If UNDER				
T W WIDOWED	DIVORCED	May 13, 188	6 81 birthday) Manths	Days Hours Min			
10a USUAL OCCUPATION (G ve kind of work done 10b. KII	ND OF BUSINESS OR	, , ,	& State, or foreign country) 12 (1	TIZEN OF WHAT			
during most of working life, even if retired) INI	DUSTRY	Carroll C	co. Md.	OUNTRY? S.A.			
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	NAME				
Elijah F. Hoffacke	er	J	Jonna Hare				
IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 S		NFORMANT	Address				
(Yes, no, or unknown) (If yes give war ar dates af service)	9-30-7068A Mr	s. Harry W.	Armacost Reister	stown, Md.			
18 CAUSE OF DEATH (Enter only one cause per time for		• 1		INTERVAL BETWEEN			
PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) (1)	1			ONSET AND DEATH			
X DUE TO	100000000000000000000000000000000000000	and and					
Carditions, if any, which gove) (b) (2) A	Sinism Prime	due to	· Inability				
inse ta immed ate (ause (a),	V		s accor ci i y				
stating the underlying couse	o swallow) .					
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING T	O DEATH BUT NOT PELATED TO T	HE TERMINA DISEASE CON	IDITION GIVEN IN PART 1(a)	19 WAS AUTOPSY			
B CL	manic Brain	ESquarous	and Arterioscler				
20g ACCIDENT WAS UNDERLYING \ \ \ \ \ \ \ \ \ \ \ \ \	SCRIBE HOW INJURY OCCURRED (1-10 [] 110 [3]			
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	AKIDE HOW HOUR POCURATION (critic regard of regary in a	Tare for tare it at the a to				
		E OF INJURY (Hame, farm		υπτγ) (State)			
Haur a.m. While at work		ory, street, affice bldg., etc.)					
21. I certify that (I) (this haspital) attend		6-11-1	967, to 4-10 -19	68, that (I) (we) last			
saw the deceased alive an4:	<u>-10-1968</u> , and that	death accurred at	M, fram causes and an t	he date stated above.			
220. SIGNATURE Carr Valle Con	remo	ATTENDING -	MED STAFF 22b. D.	ATE SIGNED			
	111.19	PHYS 22d ADDRESS	DIRECTOR PHYS	4-10-68			
PHYSICIAN'S TESAR VALLE	CAVERO	3629	Liberty Ro	L			
23g BURIAL, CREMATION, 23b DATE THEREOF	23c NAME OF CEMETERY OR C	REMATORY	23d LOCATION (City or Town)	(County) (State)			
REMOVAL (Specify) Burial April 13, 1968	St. Peter's	Cemetery	Hampstead Barto	lCo. Md.			
24 FUNERA, DIRECTOR	ADDRESS		BY REGISTRAR 256 REGISTRARS	SIGNATURE			
Tipton - Eline Funeral Home	e Hampstead, Mo	1. DAPR	et registrar 25b Reg STRAR 5	1			



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 15956

	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
	CERTIFICATE OF DEATH	J525h
	DECEASED-NAME (Type or print) NOPANAN L. HOFFHEISERS, 20 DATE OF DEATH APPRIMENTAL DOY 1	26 HOUR 6:50 A
3. SE	SEX NACE 4. RACE WHITE S DATE OF BIRTH DI 1901 6 AGE (n years lifunday) MONITES MONITES	R I YEAR OF JINDER 24 HRS OAYS HOURS MIN
70. E	O. BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? WIDOWED DIVORCED PAUTING OF DEATH TOU) SO WIDOWED DIVORCED PAUTING OF EXPERIMENTAL	M. M.
7	TOUSON, LED. give street oddress) + ST. 205 Pt. during most of working life, even if celled & IND	KIND OF BUSINESS OR STRY
	SO USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d MISIOE OF LIMITED 13e STREET AND NUMBER 13T STATE BALT 18 COUNTY 12 MD 1 13d STREET AND NUMBER 13T NO 13D STATE BALT 18 COUNTY 12 MD 1 13D STREET AND NUMBER 13D STATE BALT 18 COUNTY 12 MD 1 13D STREET AND NUMBER 13D STATE BALT 18 COUNTY 12 MD 1 13D STREET AND NUMBER 13D STATE BALT 18 COUNTY 12 MD 1 13D STREET AND NUMBER 13D STATE BALT 18 COUNTY 12 MD 1 13D STREET AND NUMBER 13D STATE BALT 18 COUNTY 12 MD 1 13D STATE BALT 18 COUNT	5 AVE. #1;
14	4 FATHERS NAME First HOFF HEISETZ IS MOTHERS MA DEN NAME First Middle ALBERT HOFF HEISETZ AHLIE BAICETZ	Lost
	60. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, or unknown) ("fyes give wor or dates of service) 212-05-6065 MPS. HOFFHE (SEP	
	18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (1) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) THE CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (1) THE CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (1) THE CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (1) THE CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (1) THE CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (1) THE CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (1) THE CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (1) THE CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (1) THE CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (1) THE CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (1) THE CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (1) THE CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (1) THE CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (1) THE CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (1) THE CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (1) THE CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (1) THE CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (1) THE CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (1) THE CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (1) THE CAUSE OF DEATH (Enter only one cause per line for (o), (b), and	APPROXIMATE INTERVAL BETWEEN OWELAND DEATH
	Conditions, If ony, which gove) DUE TO, OR AS A CONSEQUENCE OF attended to the the	tre .
	rise to immediate cause (a), (a) (b) (c) (a) (b) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	4 hrs.
2	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
CERTIFICATION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20d. AUTOPSY? YES NO CAUSES OF DEATH?	ED IN CERTIFYING
3	OR CONTR BUTTING CAJSE OF DEATH HOUR A.M. MONTH DOY YEAR)
MEDI	21d IN.JRY OCCURRED 21e PLACE OF INJURY (AT HOME FARM, STREET, FACTORY,) 21f LOCATION Street or R FD No City or Town Count of work of work	ty State
	saw the deceased alive an	
	226 SIGNATURE LUCE MED STAFF 22c DATE SIC	1/4
	122d PHYSICIAN'S NAME (Type) PUDEN S. SEDASTIAN, WI. 122e ADDRESS & E. JOOTA PO. BALL	70 # 34
	30 BURIAL CREMATION, REMOVAL (Specify) 4-24-68 Bo'enian instional Ceneratory Baltitone is	anulant
1	4 FUNERAL DIRECTOR ADDRESS 250 RECO BY REGISTRAR 1250 REGISTRARS GNAT	Les Judges
_	poin 1. liller Inc-6415 Balain 2d -21206	Es Judge

DATE

TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physicion and completely filled in by the alirector, page 3 should be detached for use as the buriol fronsit permit. Then please remove corbon popers. Aggis should be filed with the State Dept. of Health prior to buriol, cremation, or removol, and in any event, within 72 hours of TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours Page 4 may be retained by the hospital or attending physician.

join (. Tiller Inc-1415 Belair Rd. -21206



E, MARYLAND 21201

DIVISION	OF	VITAL	RECORDS,	301	W.	PRESTON	STREET,	BALTIMOR
			4	CED.	TIE	ICATE C	IE DEA	TH

73	255 °		, 301 W. PRESTON STREET, CERTIFICATE OF DEA	BALTIMORE, MARYLAND 2120 ATH	1 50
1 DECEASED-NAM (Type or print)		Middle DORSEY	Lost HOFFMAN	20 DATE OF DEATH Month	Doy Year 2b HOUR 3:50A
3 SEX		4. RACE	5 DATE OF BIRTH	April 6 AGE (In years lost birthday)	IF UNDER LYEAR IF JNGER 24 HRS. MONTHS DAYS HOURS MIN
TOWS 130. USUAL RESIGNATION 130. USUAL RESIGNATION 14 FATHER'S NAME 14 FATHER'S NAME 15 TABLES 16 TOWNS 17 TOWNS 17 TOWNS 18 TOWNS 18 TOWNS 18 TOWNS 19 TOWNS 19 TOWNS 10 TOWNS 10 TOWNS 10 TOWNS 11 TOWNS 11 TOWNS 12 TOWNS 13 TOWNS 14 TATHER'S NAME 14 TATHER'S NAME 15 TOWNS 16 TOWNS 17 TOWNS 17 TOWNS 17 TOWNS 18 TOWNS	State or foreign 7th Land N OF DEATH CON DENCE (Where deceosed TE laryland ME First Edward SED EVER IN U.S. ARMED	give street address) St. Joseph lived, if institut an Residence befare 13b. COUNTY Baltimore Middle Lost 1 D. Hoffman	Hospital 13c (TY OR TOWN 13d MS) Essex YES 15 MOTHER S MAIDEN	9 COUNTY OF DEATH Baltimore C LSUAL OCCUPATION (Kind of work diving most of working life, even if ret re Butcher CC CITY LIM 15: 3e STREET AND NUMBER NO K 468 Barrisc VAME First Midds Miller Address	Meat Packing R Dn Pt.Rd. 21221 Lost
IB CAUSE PART Conditions, rise to imm stoting the last PART 2 01	OF DEATH (Enter only of L. DEATH WAS CAUSED BIMMEDIATE DIAMEDIATE DIAMEDIA DI	CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) Arterioso	l Infarction Thrombosis lerotic Heart Di	LSEASE SE ORCONDITION GIVEN IN PART 1(0)	APPROXIMATE INTERVA. BETWEEN ONSET AND DEATH
210 ACCID TO OR CONTRI (If either, r 21d IN.JR White at wark 22a. I ce saw cau 22b. SIGNAI	FOPERATION 196 COL ENT WAS UNDERLYING BUTING CAUSE OF DEATH notify medical examiner; Y OCCURRED 21e PL Nat while at work ertify that (I) (this the deceased aliv ses stated abave, (TURE	haspital) attended the decease on April 26. 1) (we) (did) (did not) view the	YES	CAUSES OF DEATH? (Enter nature of injury in Part 1 or Part 1) E.D. No City or Town 19 68, to April 26 Jury opinion death accurred an the DIRECTOR PHYS.	County State 219 68, that (I) (we) last e date and haur and fram the case DATE SIGNED April 26, 1968
NAME 23a BUR AL, CRI FENOVA	EMATION 23b DAT		7620 : CEMETERY OR CREMATORY Lawn Certietery	York Rd. Towson, M 23d LOCATION (City or Town) Baltimore Co.	

VR A15 (4) 30M REV 1/68

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the haspital ar attending physician.

O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fy directar, page 3 should be detached far use as the burial-transit permit. Then please remave corban papers Pages spauld be filled with the State Dept of Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs after

1407 Lastern Ave. 24 FUNERAL DIRECTOR Home 1407

2Sa. REC'D BY REGISTRAR

DATE

APR 29

25b REGISTRAR'S SIGNATURE 1968



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME First Middle 2n, DATE OF DEATH 2b HOUR requires that the drath certificate be executed within 24 hours after death. Hoffman unero (Type or print) PINIA 5 DATE OF BIRTH IF UNDER I YEAR 4. RACE 6. AGE (In years ages **MONTHS** 70 BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH MARRIED NEVER MARRIED DIVORCED | WIDOWED | ID CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a LSDAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street oddress) 33 LVNOULE during most of working life, even if retired) carban LINCUER signed by the attending physician and camplete burial-tronsit permit. Then please remove carb burial, crematian, or remaval, and in any event, 130 USUAL RES DENCE (Where deceased lived, if institution Res dence, before 33c. CITY OR TOWN 13e STREET AND NUMBER 13d. INSIDE CITY LIM TS? 14. FATHER'S NAME Middle MOTHER'S MAIDEN NAME First 160. WAS DECEASED EVER IN U.S. ARMED FORCES?
Yes no of palkpown) | (If yes give wor or dates of service) 16b. SOCIAL SECURITY NO. **INFORMANT** Yes, no, or upknown) CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
 PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) DEONALL nse to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(c) tar use as the t Health priar to b by the haspital or attending has been 19n DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? YES -NO N O FUNERAL DIRECTOR: After this certificate 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enfer noture of injury in Port 1 or Port 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year P.M. (If either, notify medical examiner) 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. 21d INJURY OCCURRED County Stote City or Town While Not while of work directar, page 3 shauld be de shauld be filed with the State be retained causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b SIGNATURE 22c. DATE SIGNED ATTENDING STAFF PHYS. DEGREE DIRECTOR PHYS. 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) 6077 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d LOCATION (City or Town) 230 BURIAL, CREMATION (County) (Stote)

VR A15 (4) 30M REV 1/68

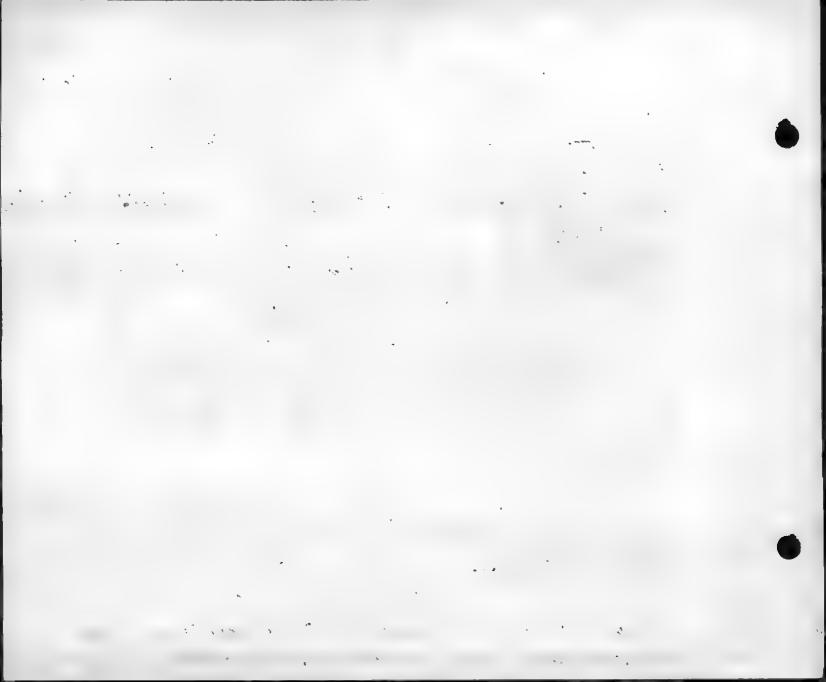
24 FUNERAL DIRECTOR

EMOVAL (Specify)

2So. REC D BY REGISTRAR 7110 BELAID RIDDATE APR 24

GARDEN OF FAITH

25b REGISTRAR'S SIGNATURE



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Lost 20 DATE OF DEATH DECEASED-NAME First 2b. HOUR requires that the death certificate be executed within 24 haurs after death (Type or pnnt) HUBBARD ALMA REGINA 4 RACE 5. DATE OF BIRTH 6 AGE (In years last birthoay) 4-29-86 9. COUNTY OF DEATH 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED BALTIMORE U.S.A. WIDOWED [DIVORCED [COUNTY 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (if not in hospital 120 USUAL OCCUPATION (Kind of work done give street address) during most of working life, even thretired) BALTIMORE and in any event, wi 30 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e STREET AND NUMBER 13d INSIDE CITY EIMITS? 13b COUNTY Lutherville 15. MOTHER'S MAIDEN NAME First M 14. FATHER'S NAME Middle Stauffer Gustaval)OLPHUS KIMMETI 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address UKNOUN Mrs. 845 Kellogg Road R. Haddaway, cremation, or remayal, Not Known APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Cardio respirator DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) burial transit rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) this certificate has been 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190 DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? CAUSES OF DEATH? NO V YES 🖂 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P M detached / AT HOME, FARM, STREET, FACTORY. 21f LOCATION Street or R.F.D. Ng. 21d. INJURY OCCURRED 218. PLACE OF INJURY City or Tawn County State While Nat while at work 220. I certify that (I) (this hospital) attended the deceased from 1 20-, 1968, to 4-20-, 1968, that (I) (we) lost saw the deceased alive on 2015 per 14-10-1968, and that in (my) (our) opinion death accurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death. O FUNERAL DIRECTOR: After be retained by 22b. SIGNATURI 22c. DATE SIGNED **ATTENDING** 4-20-68 director, page 3 DEGREE DIRECTOR PHYS PHYS. 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) 23a BUR AL, CREMAT ON, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d .OCATION (City or Town) (County) BORNAL (Specify) 4-23-1968 Cambridge, Maryland Cambridge Cemetery 24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 3 VR A15 (4) Howard H. Hubbard, 4107 Wilkens Ave. 21229 30M REV 1/68 DATE

MARYLAND STATE DEPARTMENT OF HEALTH



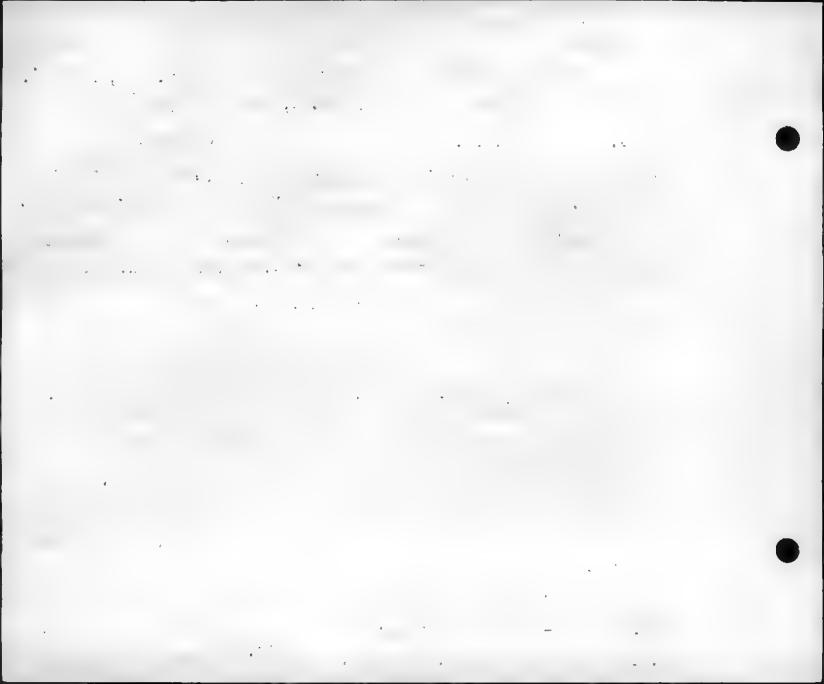
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	0-25	•	CERTIFICATE OF DEATH									1237	
	CEASED-NAME	First		Middle		Last		2a. DATE O		Davi	Vans	2h HOUR	
f.	ype ar print)	Edna	Livi	na		Hulse	W. Control of the Con		Apr.	16.	1968	A	
3. SE	x Female	4.	White			s. DATE OF E	20 ,18 8	2	6. AGE (In ye	rars it	UNDER 1 YEAR INTHS DAYS	HOURS MIN	
7a E	Pa. Pa.	ngn 7b. 0	U.S.A		MARRIED WIDOWED	NEVER MA	RR ED	9. COUNTY OF	DEATH ltimor	20			
	ITY OR TOWN OF DEATH			HOSPITAL OR INSTI			min.		Kind of work		12b. KIND OF E	Md RCI 223M52UB	
	tonsville	>		n Ridg		rsing		ast af warking	life, even if re Nurse		Nurs		
	JSJAL RESIDENCE (Wheresean) STATE Md.		ed, if institution Re 3b COUNTY	/ 1		imore	YES NO	MiTS? 13e S1	TREET AND NUM		ights	Ave.	
14. F	ATHER'S NAME FIRST		Middle	Last		S. MOTHER'S M	AIDEN NAME F	irst	М	ddle	-	Last	
	Fra			Ausbur			N	ary			Swang	er	
Ióa. Y	WAS DECEASED EVER IN es. no. or unknown)	S. ARMED FO	ORCES? 16b. Sites of service)	OCIAL SECURITY NO		INFORMANT	II W	lad aan		dress			
-	110	r			O CO IN	argar	et H.W	ersen	ser 41	L N.F		ATE NTERVAL	
	18. CAUSE OF DEATH (PART 1, DEATH WA	S CAUSED BY.	'	(a), (b), and (c))	Buch	0.	10				BETWEEN ON	ISET AND DEATH	
	PART 1, DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF												
	Conditions, if any, which		1	DN2FGNEWCE OF									
	rise to immediate cou stating the underlying	se (a), ((b) DUE TO, OR AS A CI	ONSEQUENCE OF			-				1		
	lost. 491) / (t)												
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)												
×.	Generalized Anterios derons - une Third Strict												
FICATION	19a DATE OF OPERATION	19b. COND	ITION FOR WHICH OP	ERATION WAS PERF	ORMED	20a AUT		FALIST	F YES, WERE FIN S OF DEATH?	DINGS CONS	IDERED IN CE	RTIFYING	
应	ACCIOENT MILE IN	orat VIII o			100	YES _							
MEDICAL CE	21a ACCIDENT WAS UN OR CONTRIBUTING CA. (If either, notify medica	ISE OF DEATH I examiner)	P.M.	nth Day Year			•	·	iry in Part 1 ar	Part 2, Iten	r 18.)		
	21d INJURY OCCURRED While Nat while at wark		OF INJURY (AT HO)						r ar Tawn		County	State	
	22a. 1 certify that	(I) (this ho	spitol) ottended	the deceased	from	1 - 4e		<u>6</u> , to	4-16	_, 19_6	\geq , that	(I) (we) las	
	saw the dece causes stated	osea olive obave, (1)	on(we) (did r	not) view the bo	dy ofter, or	ia that in (n death.	ny) (our) opi	man death	occurred on	ine dote	ona nour o	ma trom the	
	22b. SIGNATURE	v Va	ele Q	nen	> DEG	REE PHYS.		TED.	STAFF PHYS.	22c. DAT	E SIGNED	-63	
	22d PHYSICIAN'S NAME (Type)	ESAR	VALLE	CAVI	3R	22e. AD	DRESS 7G 7	9 41	enti	R	0(
	BURIAL, CREMATION,	23b. DATE	/ 4	23¢ NAME OF CE				1	ON (City or Tow	,	(Caunty)	(State)	
	BHOYA (STY)	14-17	7-1968	Loude	on P	ark	Dreip o		ltimor		MATHER	Md.	
	FUNERAL DIRECTOR	the man -	2 207		h A	•	DATE AP	R 18		ISTRAR'S SIG			
U	.Howard S	Pront	3207	W.Nort	I AV	e.	DAIL 71	1 2 0	odo k	- Cay	CAT YOU	A Partie	

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by t director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. The should be tiled with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72-baurs

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or ottending physician.

30M REV. 168



05259

TU HUIPITAL OR ATTENDIME MEYSICIAM: The law requires that the death certificate be executed within 21 haurs offer death

Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages I and Ahauld be filed with the State Dept. af Health priar to burial, cremation, or remayal, and in any event, within 72 haurs after death

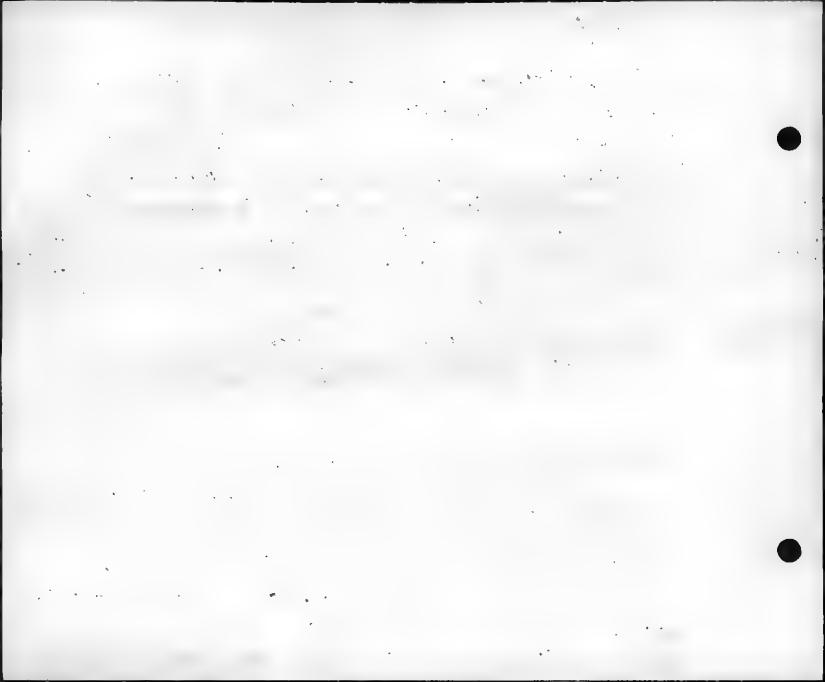
30M REV (4)

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. CEDTIE

PRESION SIKEEL, BALLIMORE, MARTLAND 21201					
ICATE OF DEATH	()	5	2	6	· e
	-	_		_	_

	CERTIFICATE OF DEATH	00200							
1.	DECEASED-NAME First Middle Lgst 2a. DATE OF DEATH	2b. HOUR							
	(Type or print) ANGELINE WHITE HUNTER Month 30Y	100 C 3.300.M							
3.	SEX 14 RACE S DATE OF BIRTH 6 AGC (In years 184	UNDER 1 YEAR 1F UNDER 24 HRS.							
	FEMALE CAUCASIAN 3/28/ 1889 Sthothy YRS. MOH	THS DAYS HOURS MIN.							
	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH								
ξ(PENNA U.S.A. WIDOWED & DIVORCED BALTIMORE	F Md.							
		26. KIND OF BUSINESS OR							
13	IN INSIA RESIDENCE (Where deceased lived of institution Residence before 13, CITY OR TOWN 134 INSIDE CITY IMMISS 134 STREET AND MIMBER	7.							
, 00	mission) STATE Md 136 COUNTY BALTO. DUNDALK YES NO 1/2 16 TOWNSHIP	hd							
	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Last							
L	UNY.	UNK.							
	So. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT 7770 CO 4 Address Yes, no, or polypown) (If you gave wor or dates of service)	DUNDALK							
	Yes, na, or unknown) (" yes gove war or doles at service) 317-48-8466 WM. H. KOVECAMP -5 CENTER!	nd, 21222							
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN DISSET AND DEATH							
Т	PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Bronehor porcumpanca	10 da.							
	70 / DUE TO, OR AS A CONSEQUENCE OF								
	nse to immediate cause (a). (b) Freedure deft Herry	13da.							
1	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF								
-1	(a) Ceretral artiresselleroses.								
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)								
ž									
	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? YES NO CAUSES OF DEATH? 21a. ACCIDENT WAS UNDERLYING 121b. TIME OF INJURY 121c. HOW INJURY OCCURRED (Fater nature of injury in Part 1 or Part 2 Item	DERED IN CERTIFYING							
	YES NO AUGES OF DEATH?								
		18.)							
ì	[If either, notify medical examiner] 7 P.M. 3 21 1968 westernown,								
1	210. INJUNE OCCURRED 1218. POACE OF HIJOHO STEEL BLIDDING STEEL BL	aunty State							
П		conse Ma							
1	22a. I certify that (I) (this hospital) attended the deceased from 2-5-, 1965, to 4-5-, 1968 saw the deceased glive on 24-2-1968, and that in (my) (but) opinion death occurred on the date of	, that (I) (No) last							
1	couses stoted above, (1) (we) (did) (did not) view the body ofter death.	The field dile from the							
П	22b. SIGNATURE 22c. DATE 22c. DATE	SIGNED							
	Stelmer K: Jalety or Ta 22. DEGREE PHYS. DIRECTOR LI PHYS. LI 4/3	168							
	122d. PHYSICIAN'S NAME (Type) Wilmer K. Gallager M.D. 6209 Frederick ave. Ballinger	md. 21228							
23		County) (State)							
) L	BIMINISTO 4/5/68 OAK LAWN BALTO. CO.	net							
2	4. FUNERAL DIRECTOR 250 REC'D BY REG STRAR 256 REGISTRAR'S SIGN								
1	W. Reven blockly, Leveland, 1900 DATE APR 5 _ 1968 John	rles Judge							



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME First Middle 2a. DATE OF DEATH 2b. HOUR (Type or print) Month d a April 968 6 AGE (In years 3. SEX IF UNDER YEAR IF UNDER 24 HRS lost birthday) POFIECH 60 YRS. Female October 15. White 1907 7a BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED 9 COUNTY OF DEATH physician and completely filled in en please remave carban popers. cauntry) WIDOWED DIVORCED [Virginia Baltimore 12a USUAL OCCUPAT ON (Kind of work done 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR give street address) during most of working ife, even if retired) INDUSTRY Catonsville-21228 Spring Grove State Hospital housewife 13e. STREET AND NUMBER 13a USJA. RES DENCE (Where deceased fived, if institution Residence before) 13c. CITY OR TOWN 13d INSIDE CITY LIM TS? 13b. COUNTY tr Raltimor 1517 W. Lombard Street ony 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME First ? deceased Z deceased 17 INFORMANT 16a WAS DECEASED EVER IN J.S. ARMED FORCES? 16b. SOCIAL SECURITY NO Yes, no, or unknown) signed by the attending physis burial-transit permit. Then ple burial, cremation, ar removal, Mrs.Lillian Wells 4016 Brendon Ave:1 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Bronchopneumonia IMMEDIATE CAUSE (a) _ DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave) rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause last. 4/1/5 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the has been Hremia Hypertension Chronic Alcoholism Date of Operation 1796 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AL 19a. DATE OF OPERATION 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a AUTOPSY? CAUSES OF DEATH? YES 🗔 NO J 21a ACCIDENT WAS UNDERLYING this certificate betached far us 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) none OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) PM be detached State Dept. of 21d. INJURY OCCURRED 238 PLACE OF INJURY (AT HOME FARM, STREET, FACTORY,) 21f LOCATION Street or R.F.D. No. City or Town State County While Not while at work OFFICE BUILDING, ETC 22a. I certify that (I) (this haspital) attended the deceased from Dec. 26 saw the deceased give on April 1968, and that in (my O FUNERAL DIRECTOR: After and that in (my) (aur) apinian death accurred an the date and haur and fram the be retained causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING director, page 3 should be filed w DIRECTOR PHYS PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Imre Kopits Spring Grove St

23c NAME OF CEMETERY OR CREMATORY

Dorchester Mem. Cambridge

requires that the death certificate be executed within 24 hours after death

VR A15 (4) 30M REV, 1/68

Philip Herwig Sons 2024 Orleans St. 31

236. DATE

23a BURIA, CREMATION. REMOVAL (Specify)

24 FUNERAL DIRECTOR

Burial

2Sq. REC'D BY REGISTRAR VDC 3

23d. LOCATION (City or Town)

25b REGISTRAR SIGNATUR



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

death.

TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages Land should be filed with the State Dept. of Health prior to burial, crematian, or removal, and in any event, within 72 haurs aftercatath

VR A15 (4) 30M REV 1768

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after Page 4 may be retained by the hospital ar attending physician.

	35263	DIVISION OF VITAI					MORE	, MARYLAND 21201			
	0 0 % () §		C	ERTIFI	CATE OF	DEATH			(2.13	265	
	CEASED NAME First	(aug.)	Middle	1-	Lost		2a. D	AMOUTH AMOUTH	Doy 3 O CYgar	少:25	
L.,	(Ponge) Anne		(FVHNOS	Ke) II	ranausk		ļ	-1 - 1	, ,	a. N	
3 SE.					S DATE OF BIRTH			6 AGE (n yeors	IF UNDER EYEAR MONTHS DAYS	HOURS MIN	
	female	whit.e				- 1894		{ () YR	S		
7a B	trul	7b. CITIZEN OF WHAT COU			NEVER MA	KKIEU		KTY OF DEATH			
_	" Lithuania	Lithuani		MIDOME		DRCED		altimore		Mo	
10. C	TY OR TOWN OF DEATH		HOSPITAL OR INST Idress) GROVE	,		1.		PATION (Kind af wark don arking life, even if retired		F BUSINESS OR	
100	Catonsville				TE HOSP	hou	SAW	ife	<i>'</i>		
	USUAL RES DENCE (Where decease ssian) STATE Md.	13b. COUNTY	sidence before	Bal1		YES NO	*15"	130 STREET AND NUMBER 807 Woodw	ard Stre	eet	
14 F	ATHER'S NAME First	Middle	Last		1S. MOTHER S. I	AAIDEN NAME F	rst	Middle		Lost	
	Stanley Kanc	his				ella Mi					
	WAS DECEASED EVER IN U.S ARME	ED FORCES? 16b. SC	OCIAL SECURITY N		INFORMANT			Address			
Y	es, na, or unknown) (If yes give wa	r or dates of service) Z/	5-01-0-	18/	Records	: SPRIN	G G	ROVE STATE	HOSPITAI	a .	
	18. CAUSE OF DEATH (Enter only	ane cause per line for (o), (b) and (c).)							MATE INTERVAL ONSET AND DEATH	
	PART I. DEATH WAS CAUSED IMMEDIAT		good the party								
Ш	4161	DUE TO, OR AS A CO	nfarctions								
Н	Conditions, if ony, which gave	_ ,	Arterio	scler	otic he	art di	seas				
	nse to immediate couse (a), Stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF										
Ш	(c) Generalized arteriosclerosis										
	PART 2 OTHER SIGNIFICANT COND										
₹.	4										
CERTIFICATION	19a DATE OF OPERATION 19b C	ONDITION FOR WHICH OPE	RATION WAS PER						NDINGS CONSIDERED IN CERTIFYING		
STIFF				YES NO CAUSES OF DEATH?							
	210 ACCIDENT WAS UNDERLYING		Y th Doy Year	211.	HOW INJURY O	CURRED (Enter	noture	of injury in Port 1 or Part	2, Item 18.}		
MEDICAL	OR CONTRIBUTING CAUSE OF DEATH	er) P.M.	19								
_	at wark at work	PLACE OF INJURY (AT HOM					40	City or Town	County	State	
П	22a. I certify that (this sow the deceased ali	s haspital) attended	the decease	d_fgom_	March	0, 19	ols ,	to April 9 ,	19 <u>68</u> , tho	t (1) (4%) las	
	sow the deceased ali couses stoted obove,	ve on April (I) (ve) (did) (dida)	y view the b	ody afte	nd that in (1 r death.	ny) (836) api	nian d	eath occurred on the	date and hour	and fram th	
П	22b. SIGNATURE	[M 1)	,	100	ATTEND	INC M	ED	CTAFF 22	C PATE SIGNED		
Ш	MOEL	IF III KE	Elli.	DE	GREE PHYS.	D D	RECTOR		4-9-68		
	22d PHYSICIAN S NAME (Type) 17-3	wcente Ruar	O M D		22e AE			GROVE STATE		CAL	
25	1,1				D COCH TOOL	Ва.		ore, Marylar LOCATION (City or Town)		15	
236.	BURIAL, CREMATION, 23b. D. REMOVAL (Specify)		23c. NAME OF C			em		etimore, Ad.	(County)	(Stote)	
24	COUNTRAL DIRECTOR		1000000	0		2Sa. REC D B			S SIGNATURE O	ndel	
Th	omas & Kenny Inc	1000 HOLLL	ris Ji			DATE #	J	- 1000	4	0	



requires that the death certificate be executed within 24 carban remove 10 al-transit signeil bur al-ti burial, c r to los been SD this certificate O FUNERAL DIRECTOR: director, page 3 shauld director, page system



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05263

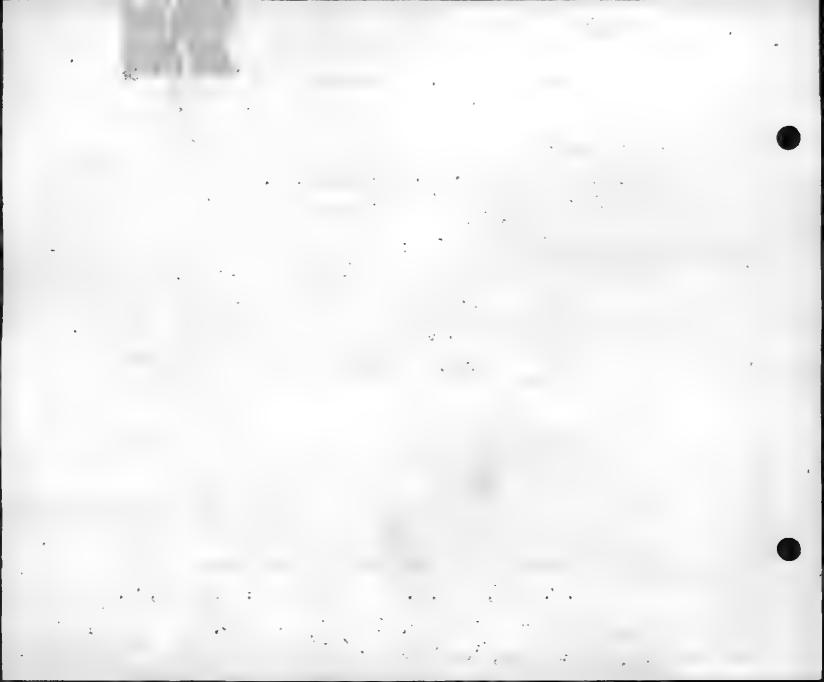
CERTIFICATE OF DEATH

	CEASED-NAME	First	Middle	Lost	20 DATE OF DEAT!	2b HOUR						
(1	γpe or print)	Julia		Jennings	North Bay	- Yeor //-304 M						
3 SE	у	4 RACE	Va.	S. DATE OF BIRTH	6. AGE (In years	IF UNCER 1 YEAR IF UNCER 24 HRS.						
J JL		7 11/10		6 4 22	lost birthdoy)	MONTHS DAYS HOURS MIN						
	Female		white	(CCT 23,1	55 8. C"YRS.							
70 E	IRTHPLACE (State or f	oreign 7b CITIZE	N OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9. COUNTY OF DEATH							
(oun		721(8)/2.	11 1.11	WIDOWED -DIVORCED	12017	Md						
10 Č	ITY OR TOWN OF DEA		II. NAME OF HOSPITAL OR INS	TITUTION (If not in hospital 12a US	BUAL OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR						
			give street oddress)	during	most of working life, even if cetired)	INDUSTRY						
	indallstor			Randallstown, Md.	HERWEUTE	.76625						
	usual residence (Wi	here deceased lived, if		13c CITY OR TOWN 13d HSIDE CITY	1/1	16						
Valian	m	a.	1)alte	L3/12/34 YES	NO 1/1/1/1/2014	EN (3-26-26						
4 F	ATHER S NAME	11st Theres 1	finding Lost	IS MOTHERS, MAIDEN NAME	First Middle	Lost						
	4	- No to a program	H- (men	4/	11	1676						
160	WAS DECEASED EVED	IN U.S. ARMED FORCES		IO 17 INFORMANT	Address	1 /						
	es, no, or unknown)	The salva war or dales of s	ervice)		1/5010	on antourt						
	71.5		412-75 3	CC4 Lucyk, ///	rakam /xita	212.34						
	18 CAUSE OF DEAT	H (Enter only one cous	se per line or (o), (b), and (c).	-//		APPROXIMATE INTERVAL BETWEEN DISET AND GEATH						
	PART I. DEATH	WAS CAUSED BY:	CORONA	AY OCCLUSI	ON	3 HRS.						
	1	IMMEDIATE CAUSE ((0)			2/						
	Conditions, if any, w		TO, OR AS A CONSEQUENCE OF	4		May -						
	rise to immediate	ouse (a).	(b) - 1 / 3 /									
	stating the underly	ing couse DUE	TO, OR AS A CONSEQUENCE OF	./0		1011-						
	lost		(4) /7-5, (;	V, U,		10 yrs.						
	PART 2 OTHER SIGN	IFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE OF	R CONDITION GIVEN IN PART I(a)							
NO.	190. DATE OF OPERAT	ON 195 CONDITION	FOR WHICH OPERATION WAS PER	REFORMED 200. AUTOPSY?	20b IF YES, WERE FINDINGS C	ONSIDERED IN CERTIFYING						
3	170. DATE OF OFERAL	ON TIME CONDITION	TOR HITCH OF ERABOA WAS I ER		CAUSES OF DEATH?	ONSIGERED IN CERTIFICATION						
CERTIFICATION				YES NO								
1 00	210. ACCIDENT WAS	\$101	TIME OF INJURY	21c HOW INJURY OCCURRED (En	ter noture of injury in Port 1 or Port 2,	Item 18.)						
MEDICAL	OR CONTRIBUTING [JR A.M. Month Doy Yeor P.M.									
MEC	21d. INJURY OCCURR	ED 21e PLACE OF	INDIEDY / AT HOME, FARM, STREET, FAC	TORY. 1 21F LOCATION Street or R.F.D. N	No. City or Town	County State						
	While Not while		OFFICE BUILDING, ETC.		•	,						
	ot work of work		D and I had here	1 5 /5 /3 10	GY, to Apr. 15, 19	About (IV I and I had						
	220. I centry in	ceased alive on	ol) attended the deceose		pinion death occurred on the do							
	courses stat	ed above (I) (we) (did) (did not) view the l	nody after death	pinon deam occurred on the ac	ne ono noor and from the						
	22b. SIGNALIED	04 40010, (1) (110	(did) (did not) view ine i	ody oner deam.	22,	DATE SIGNED						
		del	// M	ATTENDING ATTENDING	MED STAFF	15/8						
	4.	1 vous		DEGREE PHYS.	DIRECTOR PHYS.	-17-61						
	22d. PHYSICIAN'S NAME (Type)	73 77 11	/ K	22e. ADDRESS	1 772 1 163							
	manic (11bc)	n. v. Hou	ok, Jr; M. D.	Liberty H	d; Eldersburg, Md	•						
230	BUR AL CREMATION,	23b. DATE	23c NAME OF	CEMETERY OR CREMATORY	23d 19CATION (City of Town).	(County) (State)						
	REMOVAL (Specify) -	4-18.	-68 hin	ele Hill	1 Huckield	, 7/2						
24	FUNERAL DIRECTOR	Engle / ha	ADDRESS.	5 22 8 Lata 6 250 REC'D	BY REGISTRAR / 25b REGISTRARS	SIGNATURE						
-	200	Little Jan	Bluefield,	Va. KLY	PR 19 1968 gch	mes Judge						
	Graham Fu	ineral nom	(0)	DATE A	ו טעטו ע ב גויו	0 0						

VR A15 (4) 30M REV 1/68

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers should be filed with the State Dept, at Health priar to burial, cremation, or remaval, and in any event, within 7‡ his



1	1	MARYLAND STATE DEPARTMENT OF HEALTH	
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	-006
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	1 1 3
EALIH BEPAL		Type or Print) William Fell Jhn son DEATH MATED 4)	3 GB 500
2, and 3 to PM3. Page	3 2	A RACE S DATE OF BIRTH 6 AGE (IN FORT IF UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD MONTHS OAYS HOURS M.N MONTHS DAYS	2d #10UI
2, 2	70	BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH	7
es 1, farm tarm te De	1001	117) BAITO MO USA W DOWED DIVORCED Baltomore	Co. "
	10. (ZE KIND OF BUSINESS OR DUSTRY
fter de Give ong w th the	130	USUAL RESIDENCE (Where deceased lived if institution Residence before 13c CITY OR TOWN 3d INSIDE CITY LIMITS? 136. STREET AND NUMBER	LAW
of will	0	dission) STATE MO 130 COUNTY BALTO. BROOKLANDILLE YES IN NO X	
hours Item 19 Office Iond 2	14 6	FATHER S NAME First Middle Lost IS, MOTHER S MAIDEN NAME First Middle	Lost
	_	KOBELT W. JOHNSON JULIA W. H. BROCK	
I within 24 n penct in Examiner's File pages 1 72 havrs	7	WAS DECEASED EVER IN U.S. ARMED FORCES? [6s, no, ar unknown] (If yes give war or dates of service) 213-48-5468 DR. ROBERT W JOHNSON B	BALTO, MO
executed wanding? In Executed Redical Executed From the Filter of the Fi		18 CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple Quincies	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
d be executed d "pending" "Chief Medical fronsit permit.		Canditions, if any, which gave	
should be en word "per a the Chief buriol-tronsit in any ever		rise to immediate couse (a). Stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
should e word a the C suriol-tr in any		lost. (c)	
cate gg th ed t ed t	_	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
is certificat te, writing forworded e used os c removal, ar	ATTO	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION	20. ALTOPSY?
	CERTIFICATION	WAS PERFORMED?	YES NO
VER: Thi certificat hould be thes. should be should be tron, or r	MEDICAL CES	210 EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING DEPTH 2 THE CONTRIBUTING DEPTH 2 THE CAUSE OF DEATH 210 EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING DEPTH 2 THE CAUSE OF DEATH 211 HOW IN, JRY OCCURRED (Enter nature of injury in Port 1 or, Port 2, Herm PRIMARY OF CONTRIBUTING DEPTH 2 THE CONTRIBUTION OF THE	other Vehrel
3 + 5 5	WED.	21d INJURY OCCURRED 21e PLACE OF INJURY (At name, form, street 21f/LOCATION Street or R.F.D. No. ty or Town	County State
XAM te th ge 4 your oge crem		WHILE AT WORK	e Pike.
AL EXECUTA EXECUT Pog for y for y rid , a		22a. I certify that I took charge of the remains described above, held an Autopsy 💢 Inspection 🖫 🗸	and in my opinion
ctor.ctor.ctor.bed		deoth resu ted fram: Natural causes 🔲, Accident 💢 Suicide 🔲, Hamicide 🔲, Undetermined manner 🗌	
DEPUTY CICLOSTON Please e funeral director moy be retained FINERAL DIRECTOR FINERAL DIRECTOR 10 but		ACTUAL SIGNAPHIPE ASSISTANT MEDICAL EXAMINER (22b DATE SIGNAPHIPE (22b DATE SIGNAPHIPE)	GNED
o DEPUTY necessary, the funeral 5 moy be 5 FUNERAL Heolth pri		DEPICTY MEDICAL EXAMINED	
		NAME (Type) Wetner XU. Spi72 ADDRESS(Street, city, town, or county)	
5 g = ~ 5 H	23a	REMOVAL (Specify)	ounty) (State)
X.		REMOVAL (Specify) BUTIAL 4-16-68 St. Thomas 1 Garrison Fores: FUNERAL DIRECTOR ADDRESS 1250 RECT BY REG STRAR 1250 RECEIVED BY REG STRAR 1250 RECEIVED BY	t Mot.
VR A15ME (5)		FUNERAL DIRECTOR ADDRESS ADD	to Judge



necessary, please execute the certificate, writing the word "pending in pencil in Item 18. Give Poges 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your file. poges lond 2 with the State Department of hours after death. 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit perm t. File Health prior to burial, crematian, or removal, and in any event within 72

TO MEPUTY

VR A15ME (5)

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

H.		265	MEDICAL	EXAMINER	'S CERTIFICAT	E OF DEATH				a ?
	1. DECEASED-NAME (Type or Print)	First	-	Middle	Last		20. DATE KNOWN OF EST -	Month	Day Year	26 HOUR
	(1)	EFFIE	4	74.	UONE	:5	DEATH MATED		1968	772 4
	3 SEX	4 RACE	S DATE OF BIRTH	1891 6 AGE	In years Funder 1 YEAR Theory Months DAYS 7 YRS.		2c DATE PRONOUNCE	ED DEAD Doy	Year 1928	2d HOUR 2 PM
l	7a. 8 RTHPLACE (Sto	te or foreign 75	CITIZEN OF WHAT CO	DUNTRY? 8	MARRIED NEVER !	MARRIED 7. CC	OUNTY OF DEATH			
Į	country)	ng.	W.	SA		IVORCED	Balt	i. Ces	7	M
	10 CITY OR TOWN O	OF DEATH	11 NAME (ITUTION (f not in haspi	dur no most	OCCUPATION (Kind of v of yvorking I felleven i		NDUSTRY	SINESS OR
-	not. "	Marn		m	willow	7	13e STREET AND NO	LA	M	mo
	odmissian) STAT	E Where deceased	lived, if institution 13b. COUNTY	reclusion de la	Tambridge				SF	
	14 FATHER'S NAME	First Samue	Middle Mered	Lith Last	1S. MOTHER S N	Ang	de N. Canr	iddle ion	tas	st
ľ	16a. WAS DECEASED E (Yes, no, or unkno	VER IN U.S. ARMED FO	RCES? 16b.	SOCIAL SECURITY NO	17 INFORMANT	Wilson	Reends	ESS mt	Witon	n my
Ī			one cause per line fa	r (a), (b), and (c).)		- 1 /	/		APPROX MAT BETWEEN ONSE	
	PART (.	DEATH WAS CAUSED IMMEDIATI	BY E CAUSE (a)	Puls	monam	embol.	sm.		Iws	an
1		^	DUE TO, OR AS A	CONSEQUENCE OF	- / -	12.	Tundela			
		ony, which gove) diate cause (a), ((b)	Fran	a tourne	m Trac	Moro of R	11 74	nor 1	mr.
١	stoting the u	inder ying couse	DUE TO OR AS A	CONSEQUENCE OF	I an used	Pulm	man In	6	11/2	msa
	PART 2 OTHER	SIGNIFICANT CONDIT	IONS CONTR BUTING T	O DEATH BUT NOT F	RELATED TO THE TERMINAL	DISEASE OR CONDIT	ION G VEN IN PART I/o			4
ı	Z , ,		arto	rip Sc	leration	Year D.	islasl			
	19a. DATE OF 21a EXTERNAL			CONDITION FOR WE WAS PERFORMED?		ed Fem	115.		20. AUTOPS	Y?
1	i m	ar 181			Fractur	7 30 .			YES [HO 13
		DR CONTRIBUTING 🦹	HOUR AM &	Manth Day, Year	- 11-6-6	OCCURRED (Enter nat	ture of in ary in Port 1	ar Part 2, Ite	m 18)	om.
1	PRIMARY CAUSE OF DEA		ACE OF INJURY (At ho			et ar R.F D. No.	City or Tayon	77.00	County	State
	WHILE AT WORK	HOT WHILE TO FOCK	ory office building exc	in Hosp		7	nt. Wilson	2 0	Ball.	my
ł					l obove, held an Au	rtopsy , Ir	rspectian 🔀, - I	nquiry 🔀	, and in n	ny opinion
	death r	esulted from	Natural causes	, Accident	🔀, Suicide 🔲,		, Undetermined	-	_	
	ACTUAL	9 9	Caples			THIEF MED CAL EXAMI				
ı	SIGNATURE	XI · N·	Segou-			ASSISTANT MEDICAL EX	and the second	22b. DATE S	IGNED	
	EXAMINER'S NAME (Type)	D.D.C.	APLES, N	D. Colli		DEPUTY MEDICAL EXAM		- The	2112	/-
-	23a BURIAL, CREM	ATION, 23b D	PATE - DOCO		METERY OR CREMATORY ter Memoria	23	d LOCATION (City or To Cambridge	own)	(County) (State)
	Burial		3, 1968	Dorches	ter Memoria			, Mary	yland	
	LeCompte		Service,	Cambridg	e, Maryland	DATE DO	EGISTRAR 256 1	CLC CLC	GNATURE JAC	ege.

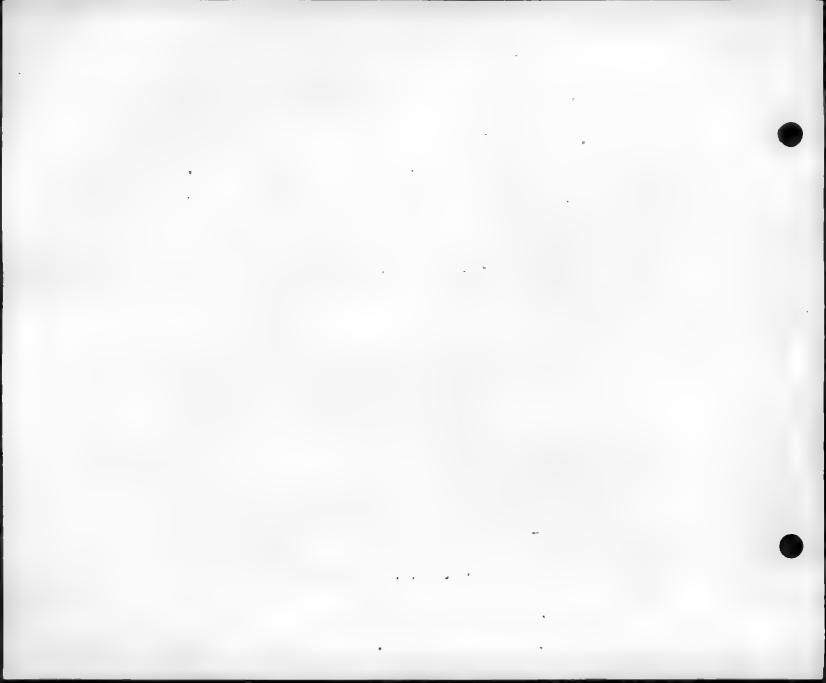
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1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201											
FOR STATE		2526	3					E OF DEAT			35276	
HEALTH DEPT.		ECEASED NAME Type or Print)	First		Middle		Lost			OWN X Month		26. ноц
2 0 40	L	rype or erain)	SHERE	RILL	LLOY	D	JONE		DEATH M	ATED Apr	il 6, 16	86:50,
aelay m3 m3	3 \$			S. DATE OF BIR	TH	 AGE (In year lost birthday 			EU PAIL I NO	NOUNCED DEAD DOY	Veer	2d. HOUR
	-		hite	determination of the same	1		rrs.		Apri	T 6"	19 6.	8 6:50
farm farm te Dör	cour	BIRTHPLACE (State or fo	oreign /t	o CITIZEN OF WHA	AT COUNTRY?		MARRIED NEVER	DIVORCED Y	COUNTY OF DEAT BALTIM			PM
												USINESS OR
haurs after death Item 18. Grve Pag Office olong with Iand 2 with the Sto after death		USUAL RESIDENCE (W dmission) STATE	here deceose	d lived, if institu 13b. COUNTY				YES NO	Total Divine		`	
	14 1	ATHERS NAME	First	Middle		Lost	1s. MOTHER'S	MAIDEN NAME F	rst	Middle	l	ost
rould be executed within 24 ward "pending" in pencit in the Chief Medical Examiner's rial-transit permit File pages any event within 72 haurs		WAS DECEASED EVER IN 'es, no, or unknown)		OR CES? as at dates of service)	16b. SOCIAL SECUI	RITY NO.	17 INFORMANT			ADDRESS		
in pe in pe il Exar il Exar t File tin 72		18. CAUSE OF DEAT	H (Enter only	one couse per li	ne for (o), (b), on	d (ε).)		<u> </u>				ATE INTERVA. SET AND DEATH
be executed "pending" in nef Med cal E. ansit permit F. event within		PART I. DEATH WAS CAUSED BY Multiple injuries										
be execution bending inef Med contrast permises event with the contrast permises in the contrast between the contr		Conditions, if only, w	hìch anua	DUE TO, OR	AS A CONSEQUEN	CE OF						
d be d ", Chie tranı y ev		use to immediate cause (o). (b).										
		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF lost.										
a ± +		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)										
This certificat icate, writing be farwarded d be used as c ar remava, ar	ATIO	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION								20-14 TO	tial)	
his e fo	CERTIFICATION				WAS PERFOR						YES [NO D
- T -	3 3	210. EXTERNAL CAUSE PRIMARY X OR CON		HQUIKAY	NJURY Month, Do		1	OCCURRED (Enter n		Port I or Port 2,	Item 18.)	
INER: e certif shauld files 3 should	8	CAUSE OF DEATH 21d INJURY OCCURRE	D 21e PL	ACE OF INJURY (A	n 4⊶6 it home, form, str	19 68 reet,	21f. LOCATION Str	ng on R.R.	. Cracks	own	County	State
EXAMINER: cute the certifoge 4 should ryour files :: Page 3 should it, crematian,		WHILE NOT WHILE		ory, office building R.R. tr	g, etc.)			ker.N-15			Baltimo:	re e Md.
Pog arry ol,		22a 1 certi	fy that I to			cribed ob	ove, held an A		Inspection			my apinior
JICAL lease exect director Patricined for DIRECTOR: In to buriel		deoth resulte		Natural caus		ident X		, Homicide	, Undeter	mined monner		
derection of the second of the		ACTUAL	1/1	18	P		_0	CHIEF MEDICAL EXA	WINER			
y, ple eral d be ret RAL D		SIGNATURE	Jusi-	<u> </u>	· 45	The	III.U.	ASSISTANT MEDICAL			E SIGNED	60
o DEPUTY necessary, p the funeral 5 may be n 0 FUNERAL Health prio		EXAMINER'S NAME (Type)	Charle	s S. Sp	ringate;	M.D.		DEPUTY MEDICAL EX ADDRESS(Street, city		Apri	11 7, 190	30
To the state of th	230	BURIAL (REMATION REMOVAL (Specify)	23b. C	30 - 69	- 1 - 1 -	OF CEMET	ERY OR CREMATOR	7 1	3d LOCATION (CI	ty or Town)	(County)	(Stote)
7	24	FUNERAL DIRECTOR	1-7	20 - 6	/	DDRESS	Thank of	2So. REC'D BY	REGISTRAR	25b REGISTRAR	S SIGNATURE	
VR A15ME (5) 10M REV 1/68								DATE TANA	2 196	in gol	ionles Ju	232



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1 DECEASED-NAME Inst 2a DATE KNOWN Month Day 2b. HOUR_ (Type or Print) ELIZABETH 10:15 DEATH MATED April 3, KAMINITSKY 168 Page 6. AGE in years 4 RACE 5 DATE OF BIRTH IF LINDER | YEAR IE UNDER 24 HRS 2c. DATE PRONOUNCED DEAD 2d HOUR jest birthday) Female White Aprilly 3. 10:15 Oct 22 1919 TO BIRTHPLAGE TSTONE OF TOPPING MARRIED NEVER MARRIED 7b CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH Baltimore | WIDOWED DIVORCED [U S Pages Stat 12a JSJAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUT ON (if not in hospital 12b KIND OF BUSINESS OR give street address) St. Joseph Hospital School Nurse Towson Balto Office along with 1 130 JSUAL RES DENCE (Where deceased I ved, if institut an Residence before 13c CITY OR TOWN 13d. (MSIDE CITY LIMITS?) 13e STREET AND NUMBER odmission) STATMarvland 13b. COUNTY Baltimore 8436 Pleasant Plains Road Townson and 2 14 EATHER'S NAME Middle IS MOTHER'S MAIDEN NAME Owen Milton Hook Bertie Jane McLaughlin e, writing the ward "pending" in pencil in farwarded to the Chief Medical Examiner's haurs 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECUR TY NO. 17 INFORMANT 236-24-4364Stephen Kaminitsky 8436 Pleasant Plains Rd. (Yes, no, or unknown) Yes within APPROXIMATE INTERVA. be executed CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c).) BETWEEN ONSET AND DEATH PART ! DEATH WAS CAUSED BY Intracerebral Hemorrhage IMMEDIATE CAUSE (n) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave Rupture of Berry Aneurysm nse ta mmed ate cause (a), This certificate should DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause .⊑ PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 0 19g DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? the certificate, YES [X] NO 21g EXTERNAL CAUSE WAS 21b TIME OF INJURY Manth, Day Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18) 3 shaufd PRIMARY OR CONTRIBUTING HOUR A.M. SICAL EXAMINER: crematian, P.M CAUSE OF DEATH 21d INGRY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R F D. No. City or Town County State retained for your I DIRECTOR: Page 3 factory, affice building, etc.) WHILE NOT WHILE AT WORK 220 I certify that I took charge of the remains described above, held an Autopsy [X]. Inspection Inquiry ond in my opinion Notural couses X deoth resulted from: Accident Suicide Hom_rcide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL may be re FUNERAL I 226 DATE SIGNED the tuneral ASSISTANT MEDICAL EXAMINER O DEPUTY Ronald N. Kornblum, M.D. DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 may 10 FUNE Health NAME (Type) ADDRESS(Street, city town, or county) 23g. BURIA CREMATION 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) Elkridge Holy Trinity Cem. Maryland 256 REGISTRAR'S SIGNATURE Dippel Bro's Inc. 1800 E. Lombard St. 21231 1968 OM REV

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH DECEASED NAME First Middle Last 20 DATE KNOWN A Month Dov (Type or Print) OF ESTI-Paul Peter Katchmere and 3 ta DEATH MATED April 4. RACE F UNDER 1 YEAR IF LINDER 24 HRS 3 SEX S. DATE OF BIRTH 6 AGE (In years 2r DATE PRONOUNCED DEAD 2d HOJR lost birthday) 3/2/02 White Male 66 YRS 7a BIRTHPLACE (State or fare on 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9 COUNTY OF DEATH Baltimore Poland U. S. A. WIDOWED DC DIVORCED in Item 18. Give Pages 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10 CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street address) 2625 during most of work ag ife, even if retired) MIDLSTRY Dundalk Yorkway Owens Co. Carpenter 13d INSIDE CITY LIMITS? death. 130 USUAL RESIDENCE (Where deceased , ved, funstitution Residence before 13c CITY OR TOWN 13e STREET AND NUMBER odm ssion) STATMarvland 13b. COUNTY Baltimore 2625 Yorkway Dundalk YES NO 🔀 hours land 2 ofter 14 FATHER'S NAME Middle 15 MOTHERS MAIDEN NAME Farst . ost John Katchmere Elizabeth Subks Examiner s pages haurs 17 INFORMANT (Friend) ADDRESS Dundalk. Md. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO pencil (Yes no, or unknown) 180-07-0393 Mrs. Anna E. McGee. 2 Admiral Blvd File within APPROXIMATE INTERVAL be executed 18 CAUSE OF DEATH (Enter on y one couse per line fgr-(a) (b) and (c)) BETWEEN ONSET AND DEATH C-V-DISEAS-C PART DEATH WAS CAUSED BY MMEDIATE CAUSE (c) DUE TO, OR AS A CONSEQUENCE OF the Chief Conditions, if any, which gove rise to immediate couse (a), This certificate shauld writing the ward DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse forwarded to PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1601 0 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? YES [NO DE 210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day Year 2 HOW INJURY OCCURRED (Enter noture of injury in Part or Port 2, Item 18) 0 PRIMARY OR CONTRIBUTING MEDICAL HOUR A.M. 3 shoul CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street 21f LOCATION Street or R F D No. Gity or Town County Stote WHILE AT WORK AT WORK factory, office building, etc.) burial, 22a. I certify that I took charge of the remains described above, held an Autopsy ... Inspect on 🔀 Inquiry [X], and in my apinian Natural causes [24], Acadent [7], Suicide [7], death resulted fram Homicide Ungetermined monner 6800 Mornington Road CHIEF MED CAL EXAMINER ACTUAL 22b DATE SIGNED ASS STANT MEDICAL EXAMINER the funeral SIGNATURE DEPUTY MED CAL EXAMINER X Dundalk 4/26/68 EXAMINER'S Health Melvin B. Davis NAME (Type) M.D. ADDRESS(Street city, town, or county) Md. 0 23c NAME OF CEMETERY OR CREMATORY 230 BUR.AL CREMATION 23b DATE 23d. LOCATION (City or Town) (Caunty) 4/29/68 Oak Lawn Cemeterv Baltimore, Md. 24 FUNERAL DIRECTOR ADDRESS 250 REC D BY REGISTRAR 25b REGISTRAR'S S GNATURE John J. Duda, 7922 Wise Ave. Dundalk. Md.

VR A15ME (5) 10M REV 1, 68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 20. DATE OF DEATH 2b. HQUR **DECEASED-NAME** First Middle that the death certificate be executed within 24 hours after death. (Type or print) Month ACHEL 6. AGE (In years IF UNDER I YEAR SEX last birthday) MONTHS HOURS 9. COUNTY-OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 7a BIRTHPHACE (State or foreign MARRIED NEVER MARRIED .⊑ DIVORCED [completely filled and in any event, within 10. CITY OR TOWN-OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g JSUAL OCCUPATION (Kind of work done 125 KIND OF BUSINESS OR during most of working life, even if retired ! carban 3d. INSIDE CITY JMITS? 13e STREET MND NUMBER RES. DENCE (Where deceased lived, if institution Residence before 3c CITY OR TOWN 13b. COUNTY remave 14 FATHER'S NAME Lost Middle Lost physician and please 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 165. SOCIAL SECURITY NO [(If yes give war or dates of service) Yes, no. or unknown) signed by the attending physi burial-transit permit. Then pl burial, crematian, or remaval, attending physpermit. Then p 18 CAUSE OF DEATH (Enter only one cause per ling (a), (b), and (c).) BETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF be retained by the haspital ar attending physician. stating the underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) director, page 3 shauld be detached far use as the should be filed with the State Dept. af Health prior ta has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a AUTOPSY? 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? NO 🗌 YES 🔲 O FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 215 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) FOR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. 21e PLACE OF INJURY / AT HOME FARM STREET FACTORY, 21f. LOCATION Street or R.F.D. No. State 21d. INJURY OCCURRED City or Town County OFFICE BUILDING, ETC. While Not while at work 220. I certify that (1) (this hospital) attended the teceased fram. 19 6 K, and that in (my) (our) opinion death occurred on the date and hour and from the saw the deceased alive oncouses stated above, (1) (we) (did) (did not) view the body after death, 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS DEGREE DIRECTOR 22e ADDRESS O HOSPITAL 22d. PHYSICIAN'S BEK NAME (Type) LIBER (State) 23a BURIAL, CREMATION, 23b DATE (County) REGISTRAR'S SIGNATUR VR A15 (4) 30M REV 1/68



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED NAME First Middle Lost 20 DATE OF DEATH 2b. HOUR (Type or print) Year RUTH KATZ 4. RACE 3. SEX S DATE OF BIRTH 6 AGE (In years IF UNDER YEAR IF UNDER 24 HRS 1894 last birthdey) MONTHS XXXXXX 70 BIRTHPLACE (Stote or foreign 9. COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED country) mD. U.S.A. Baltimore County WIDOWED X DIVORCED 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUA: OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street poddress) Mt. Wilson State Hosp. during most of working life, even if retired.) INDUSTRY Mount Wilson 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e STREET AND NUMBER 13d. INSIDE CITY LIM TS? 13b. COUNTY Boctto. Baltmare White Oak Aug. 1727 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First Last Last Bell Bradford Leonard 16b. SOCIAL SECURITY NO. 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates of service) 215-54-4772 Records, Mt. Wilson State Hospital Portal Vein Ihrombosic 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY BETWEEN ONSET AND DEAT JMMEDIATE CAUSE (o) . small bowel DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave nse ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERT F CATION 19g DATE OF OPERATION 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 💢 NO C 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR AM Manth Day Year (If either, notify medical examiner) 21d INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City or Town County State While Not while of work 22a. I certify that (1) (this haspital) attended the deceased from 4/3/, 1968, ta 4/28/, 1968, that (1) (we) last saw the deceased alive an 4/28/, 1968, and that in (my) (aur) apinian death accurred in the date and haur and from the causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c DATE SIGNED **ATTENDING** MED. DIRECTOR STAFF PHYS DEGREE **PHYS** 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) William Newcomer, M.D. Mount Wilson, Maryland 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b DATE 23g BURIAL CREMATION (County) (Stote) PEMOVAL (Spacify) 5/2/68 Parkwood Cem. Balto. Md.

ADDRESS

O FUNERAL DIRECTOR: After this certificate has been signed by Page 4 may be retained by the haspital or attending director, page 3 spould be filed v VR A15 (4)

with the State Depty of be detached

3 should

The law requires that the death certificate be executed within 24 haurs after death.

physician.

freate has been signed by the attending physician and completely filled in by far use as the burial-transit permit. Then please remave carban papers Pg Health priar ta burial, crematian, or removal, and in any event, within 72 hours

24 FUNERAL DIRECTOR Leonard J. Ruck Inc. Balto. Md. 30M REV 1/68

2So. REC'D BY REGISTRAR

25b. REGISTRAR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 26 HOUR A DECEASED-NAME First Middle Last 20. DATE OF DEATH requires that the death certificate be executed within 24 hours after death (Type or print) Month KELLEY 11:30M Michael S DATE OF BIRTH 3. SEX 6. AGE (In years 4 RACE F. JADER 1 YEAR IF UNDER 24 HRS y the Pages last birthday) Male White August 27, 1904 YRS on popers. Pag within 72 hours 9 COUNTY OF DEATH 7a BIRTHPLACE (State or fareign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED TO NEVER MARRIED ond completely filled in DIVORCED [Baltimore U.S.A. WIDOWED [Connecticut 12a. USUAL OCCUPATION (Kind of work done IO CITY OR TOWN OF DEATH 11 NAME OF HOSP TAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR give street address) during most of working life, even if refired.) INDUSTRY Community coordinator Balto City corbon Towson ST. JOSEPH 13a USUAL RES DENCE (Where deceased lived, if institution. Residence before 13e STREET AND NUMBER 13c CITY OR TOWN 13d NSIDE CITY JIMITS? edgission) _STATE 13b. COUNTY 4112 Mary Ave. remove Baltimore Maryland ond in any 14 FATHER'S NAME First Lost IS MOTHER'S MAIDEN NAME First Middle Middle Last John Kelley Margaret Colon please 16b SOCIAL SECURITY NO. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address (If yes give war or dates of service) Yes, no, or unknown) Evelyn M. Kelley 4112 Mary Avenue 21206 214-40-4475 remova 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (g) . Myocardial infarction Ö cremation, DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) burial-transit rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF signed lly stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) prior to b O FUNIRAL MIRECTOR: After this certificate has been the 19a, DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🔲 NO TO 21a ACCIDENT WAS UNDERLYING 215 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 돌 OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Doy Year be retained by the hospital (If either, natify medical examiner) P.M. detached 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f LOCATION Street of R.F.D. No. City or Town County State While Not while at work 220. I **certify** that **(K** (this hospital) attended the deceased from 4/18/saw the deceased alive on 4/18/19/68, and that in (68, that XI) (we) last . 19-68 . to 4/18/ _19.68, and that in (my) (our) opinion death occurred on the date and hour and from the should couses stated above, (1) (we) (did) (did not) view the body after death 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** MED. DIRECTOR STAFF April 18, 1968 DEGREE director, poge should be filad PHYS. Page 4 may b 22d. PHYSICIAN'S 7620 York Rd., Towson, Md. 21204 Camilo Z. Tomboc NAME (Type)

23c NAME OF CEMETERYLOR CREMATORY

23b DATE

BURIAL, CREMATION

FUNERAL DIRECTOR

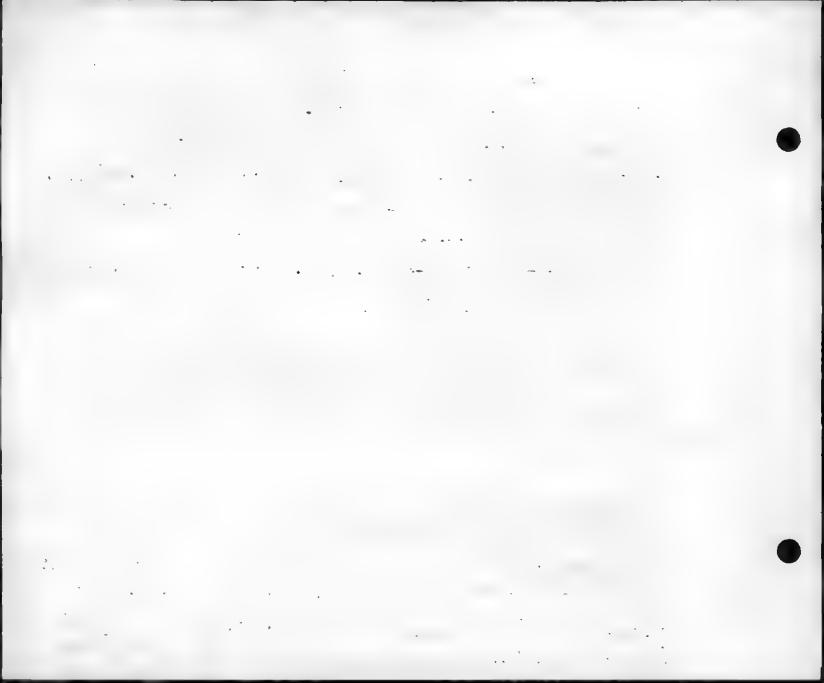
30M REV

23d LOCATION (City or Town)

250 RECD BY REG STRAR DAPR 2 2 1968

(State)

(County)



25272

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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				,	CERTIFICA	IE OF DEATH			U	0 % (1)
7		CEASED-NAME	First	Middle		Lost (KELL	20. DAT	F OF DEATH		2b. HOUR
	(1	Abe at brint) — I	'HOMAS	WALTER	1	(ELLEY	A ₁	oril Month 2	2 Doy 1988	M q:6
	3 SE	X	4. R	ACE	15	DATE OF BIRTH		& AGE (In year	TS IF UNDER 1 YEAR	R I IF JNDER 24 HRS.
		Male		White		November 6	, 1905	E I v I but I a	YRS. MONTHS DAY	YS HOURS MIN
		IRTHPLACE (State or fore	eign 7b. CIT	IZEN OF WHAT COUNTRY?	8 MARRIED X	NEVER MARRIED	9. COUNTY	OF DEATH		
	COUF	"" Vienna,	Md.	U.S.A.	WIDOWED			Baltimore	2	Md
1	10 C	ITY OR TOWN OF DEATH		11 NAME OF HOSPITAL OR IN: give street oddress)		dunna	mast of warl	TION (Kind of work king life, even if reti	red 1 INDUSTRY	OF BUSINESS OR,
ı		Towson		St. Joseph	Hospita	RET	IREd S	UPERLYSC	an I Dri	re, co
		ssign) STATE	e deceased Avec 13b	, if institution Residence before COUNTY	PARK			STREET AND NUMB		
	14 6	ATHER'S NAME First		Baltimore Middle Lost		NOTHER'S MAIDEN NAME		Mid Mid		Last
1	14. r	TL-	I A C T	MIGGIE COST	13. 1	Tela Man	- R	mio.	ale	LOST
	160	WAS DECEASED EVER IN	U.S. ARMED FOR	CES? 16b. SOCIAL SECURITY	NO 17 INF	ORMANT		Addr.	rocs	
			If yes give wer or date:	of control		5 MARBA	BCT.	F KEII	~ (TAME)
	H	10 CALISE DE DEATH	Enter columns	ause per sine for (a), (b) and (c)		J. HIESE	NEL I		APPR	OX MATE INTERVAL
		PART I. DEATH WA	S CAUSED BY.	((-1)		8hack	C) Enc	dotoxin S	hock	EN ONSET AND DEATH
		1500	IMMEDIATE CAUS	, , - ,	O'XINC					
		Conditions, if any, which		JE TO, OR AS A CONSEQUENCE OF						
		rise ta immediate cau	se (a), (JE TO, OR AS A CONSEQUENCE OF				-		
		stating the underlying last.	conse	(c)						
			ANT CONDITION:	CONTRIBUTING TO DEATH BUT N	OT RELATED TO T	HE TERMINAL DISEASE OF	R CONDITION (GIVEN IN PART 1(a)		
		-		betic Ketoacid		TENNINGE SIDELDE OF		, , , , , , , , , , , , , , , , , , ,		
	CERTIFICATION	19g. DATE OF OPERATION		ON FOR WHICH OPERATION WAS PE		20a. AUTOPSY?	20	b IF YES, WERE FIND	INGS CONSIDERED IN	CERTIFYING
	IFIC					YES NO	₹ CA	USES OF DEATH?		
ı		21a ACCIDENT WAS UN		16 TIME OF INJURY		INJURY OCCURRED (En		Intury in Part 1 or P	ort 2, Item 18)	
	MEDICAL	OR CONTRIBUTING CAL		IOUR A.M. Month Day Year P.M.						
	MEE	21d. INIURY OCCURRED	21e. PLACE I	OF INJURY (AT HOME, FARM, STREET FAI		TION Street or R.F.D. N	Na	City or Town	Eaunty	State
		While Not while at work]	forme number, tic	1					
			(th) (this has	pital) attended the decease	ed from A	pril 1 , 19	<u>68_, ta</u>	April 2	., 19 <u>68</u> ., th	at (II) (we) last
		saw the dece	ased alive of	we) (did) (did nat) view the	9_68, and 1	hat in (ay) (aur) a	pinian dea	th accurred on t	he date and hav	or and fram the
		22b. SIGNATURE	abave, gr	we) (ala) (ala nat) view the	baay aner de	UTT1			22c DATE SIGNED	
		220. SIGNATORE	Villeto	macer	DEGREE	ATTENDING D	MED. DIRECTOR	STAFF PHYS	4/2/68	
		22d. PHYSICIAN'S	7 200			22e ADDRESS	DIRECTOR	Filis DC	17 -7 00	
		NAME (Type)	Jose 1	Tepomuceno, M.D	•					
	23a	BUR AL, CREMATION,	23b DATE	23c NAME OF	CEMETERY OR CR	EMATORY	23d. LOC	ATION (C ty ar Town	(County)	(State)
		REMOVAL (Specify)	4-1	-1918 TARK		PEMETER		FINATE	· Koo	1.
4	24	FUNERAL DIRECTOR	4 1	ADDRESS	2 /	2So. REC'B	BY REGISTRA		TRAR'S SIGNATURE	3.43
3		J. Hall	IU CX	BCEN 5444 F	ELAIR	DATEA P	RR'	1968	liables 12	to be

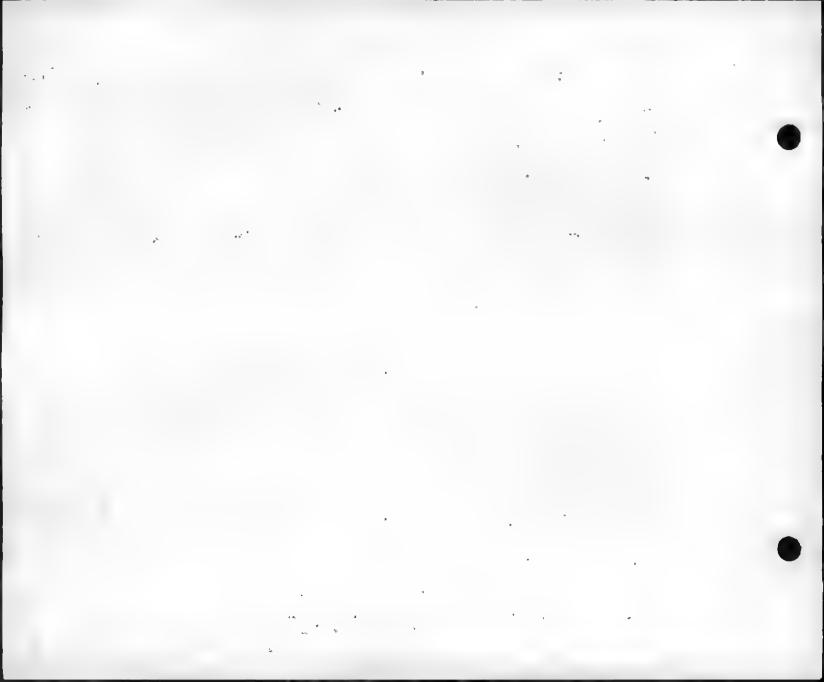
after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed writhin 24 hours Page 4 may be retained by the haspital ar attending physician.



law requires that the death certificate be executed within 24 havrs after death. physician and campletely filled in bein please remove carban papers oval, and in any event, within 72 ha ar removal signed by the burial-transit p burial, crematic as the O FUNERAL DIRECTOR: After this certificate has been far Jse FHealth OR ATTENDING PHYSICIAN: detached O HOSPITAL OR ATTEND Page 4 may be retained director, 30M REL 1/68

EX



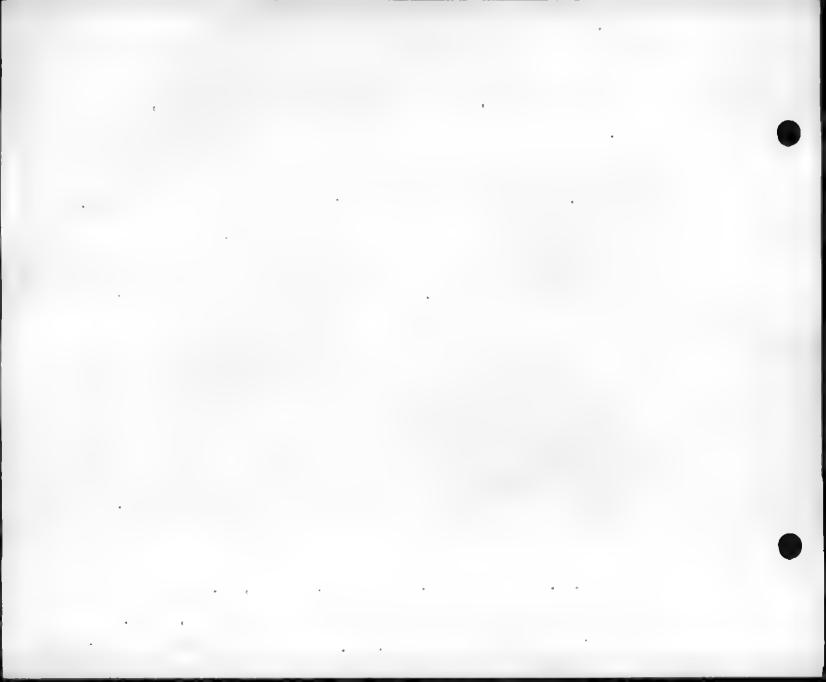
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item # 23b & 23c film # G401 5 CERTIFICATE OF DEATH Middle Lost 20 DATE OF DEATH DECEASED NAME 2b HOUR requires that the death certificate be executed within 24 haurs after death. (Type or print) April Charles 22, 1988 Leonard King the attending physician and campletely filled in by the function papers. Pages 1 cappands, and in any event, within 72 haurs after an anion, as remayal, and in any event, within 72 haurs after a 4 RACE 5 DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR F JNOER 24 HRS 3. SEX last birthday) Aug. 1, 1911 male Negro 7o. BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH MARRIED NEVER MARRIED country) S. C. WIDOWED SOTOWORCED Baltimore U. S. IO. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY Catonsville STATE HOSP. 13a USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 134 INSIDE CITY LIMITS? 3e STREET AND NUMBER odmission1 STATE 13b. COUNTY Md. YES 🔲 NO 🗀 721 S. Hanover St. Balto. 14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost Rich King Adelaide Monroe 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, no, or unknown) [(II yas give war or dates of service) Records: SPRING GROVE STATE HOSPITAL 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c)) upper Lobe Branchus, with Metasewien onstrand death PART I. DEATH WAS CAUSED BY.

IMMEDIATE CAUSE (o) Squamous Cell Carcinoms of the Lung, left 2 months burial-transit permit. DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) rise to immediate couse (o). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION G. VEN IN PART 1(o) as the prior to b O FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the none 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES [NO DO for use Health O HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspital or 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) TOR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year 21d. INJURY OCCURRED 216. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY) 21F LOCATION Street or R.F.D. No. City or Town County Stote While Not while at work May 26 1967 to April 2219 68 22a. I certify that (I) (this haspital) attended the deceased fram..... saw the deceased alive an April 22 19.68, and that in (my) (309) apinian death accurred an the date and hour and from the causes stated above, (3) (we) (did not) view the bady after death. 226 SIGNATURE 22c. DATE SIGNED **ATTENDING** MED DIRECTOR STAFF 4-22-68 DEGREE PHYS SPRING GROVE STATE HOSPITAL 22d PHYSICIAN S 22e, ADDRESS NAME (Type) Anthony Young, M.D. Baltimore, Maryland 21228 director, should by 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (\$tote) 230 BURIAL, CREMATION 23b DATE (County) 4/29/68 REMOVAL (Specify) Anatomy Board L 24. FUNERAL DIRECTOR ADDRESS 2So. REC D BY REGISTRAR 256 REGISTRAR 5 SIGNATURE VR A15 (4) 30M REV 1/68 1568 Arn 25

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH



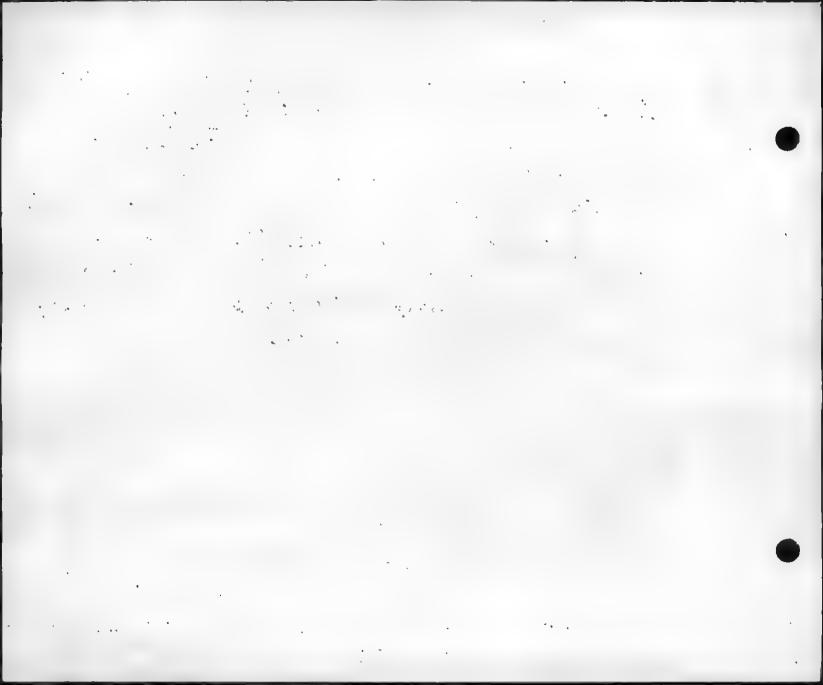
MARYLAND STATE DEPARTMENT OF HEALTH DAYISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH J 5 2 2a DATE OF DEATH DECEASED-NAME First Middle 2b HOUR executed within 24 hours after death. (Type or print) Manth AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 3 SEX lost_birthday) MONTHS DAYS HOURS completely filled in by the 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? COUNTY OF DEATH 8. MARRIED NEVER MARRIED (yrtnuos DIVORCED [WIDOWED 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hosp-tol during mast of working life, even if retired) INDUSTRY FOUCA signed by the attending physician and complete burial-transit permit. Then please remave carb burial, cremation, ar remaval, and in any event, 13e STREET, AND NUMBER USUAL RESIDENCE (Where I deceased lived, if institution_Residence before 13c CITY OR TOWN 13d. INSIDE CITY EIMITS? STATE 13b COUNTY YES [IS MOTHER'S MAIDEN NAME 14 FATHER'S NAME First Middle Last requires that the death certificate be physician (ARMED FORCES? 166 SOCIAL SECURITY NO INFORMAN^T Address 160 WAS DECEASED EVER IN CS Yes, na, ar unknawn) (15 yes give war or dates of service) APPROXIMATE INTERVA 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a)

COMO BETWEEN ONSET AND DEATH DUE TO, OR AS A CONSEQUENCE (anditions, if any, which gave) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF physician. stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the prior take be retained by the haspital or attending has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 19a DATE OF OPERATION CAUSES OF DEATH? YES 🗀 NO TO for use Health TO FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached far us ATTENDING PHYSICIAN: 21o ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Doy Year director, page 3 shauld be detached is should be filed with the State Dept. of (If either, notify medical examiner) P.M. 21d. WIJRY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while at work 22a. 1 certify that (1) (this haspital) attended the deceased from 1966 1968, and that in (my) (our)-opinian death accurred an the date and have and fram the saw the deceased alive an causes stated above, (1) (we) (did) (did not) view the bady after death. 22b SIGNATURE 22c DATE SIGNED ATTENDING MED DIRECTOR STAFF PHYS DEGREE PHYS Page 4 may 22d. PHYSICIAN'S 228 ADDRESS/ NAME (Type) SCORKLE MO 23b DATE NAME OF CEMETERY OR CREMATORY (Stote) BURIAL, CREMATION ar Tawn) (County) REMOVAL (Specify)

UNERAL DIRECTOR

30M REV 7/68

25a. REC'D BY REGISTRAR



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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	608	6 4			CERTIF	CATE OF	DEATH				, %	111	
	CEASED-NAME ype ar print)	MAR I E		Middle M.		KOENIG		2a DATE OF	DEATH Manth APRIL	Doy 7	Year 1968	2b. 5	HOUR P. M
3. SE	x Fema	le	4 RACE	Cau.		Feb. 6			6 AGE (In year last birthday) 82	YRS.	F JINDER 1 YEAR ONTHS OAYS	IF UNDER	24 HRS. MiN
7a. B caun	SRTHPLACE (Stote STMMarylar		76 CITIZEN OF U.S.	WHAT COUNTRY? A.	8. MARRIE WIDOWE	D NEVER MARI	RIED S	. COUNTY OF Balt					Md
	ny or nown of Baltimor		212 II	NAME OF HOSPITAL OR te street address) 51		fration has pital le Drive			(Kind of work life even if reti		125 KIND OF INDUSTRY	BUSINESS Home	
13a admii	JSUAL RESIDENCE ssion) STATE _M a	(Where decease aryland	d lived, if instit 13b. COUNTY	utan: Residence before Baltimore	Balt	or Town	YES NO		REET AND NUMB 3 Castl		ive		
14 F	ATHER'S NAME	first Adam	Middle D. M.	last iller		1S. MOTHER'S MA Eliza	IDEN NAME Fir abeth		Mid	dle		last	
l6a. N	WAS DECEASED E es, na, ar unknawr O	VER IN U.S. ARM	ED FORCES? or or dates of service)	16b. SOCIAL SECURIT		. INFORMANT ir. Henry	7 A. Ko	enig,	Addi Trappe,			WATE INTER	
	18. CAUSE OF DEATH (Enter only one cause per line for (g), (b), and (c)) PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave on the first of the underlying cause last. (b) DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL PISEASE OR CONDITION GIVEN PART I (a)									BETWEEN O	y,	>	
CERTIFICATION	Jentralis of Operation 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20d AUTOPSY? YES NO CAUSES OF DEATH?							SIDERED IN CE	ERTIFYING	ĵ			
MEDICAL	21a. ACCIDENT V OR CONTRIBUTING (If either, natify 21d. INJURY OCC While Native of wark at w	CAUSE OF CEATS medical examin	HOUR A.N		ar 19	HOW INJURY OCC	·	·	y in Part 1 ar P ar Town		m 18.} Caunty	5	tate
	22a. I certify that (I) (this hospital) attended the deceased from feet - 2 , 19 62, to Grant 7, 19 68, that (I) (we) last saw the deceased give an 1968, and that in (my) (ser) opinion death accurred an the date and hour and from the causes stated above, (I) (we) (did not) view the body after death.												
	22b SIGNATURE Za- 22d PHYSICIAN'S	lL.	Bhan	hen h		GREE ATTENDIN PHYS. 22e. ADDI	DIE DIE	RECTOR L	STAFF PHYS.		ril 19		
	NAME (Type	Edr	L. C	ham bery		D. 4105	Libert				e, Mar	ylar	ıd
23a.	BURIAL, CREMATI			968 Loude		or CREMATORY c Cemete	ry		in (City or Town More, I		(County) .and	(State	}

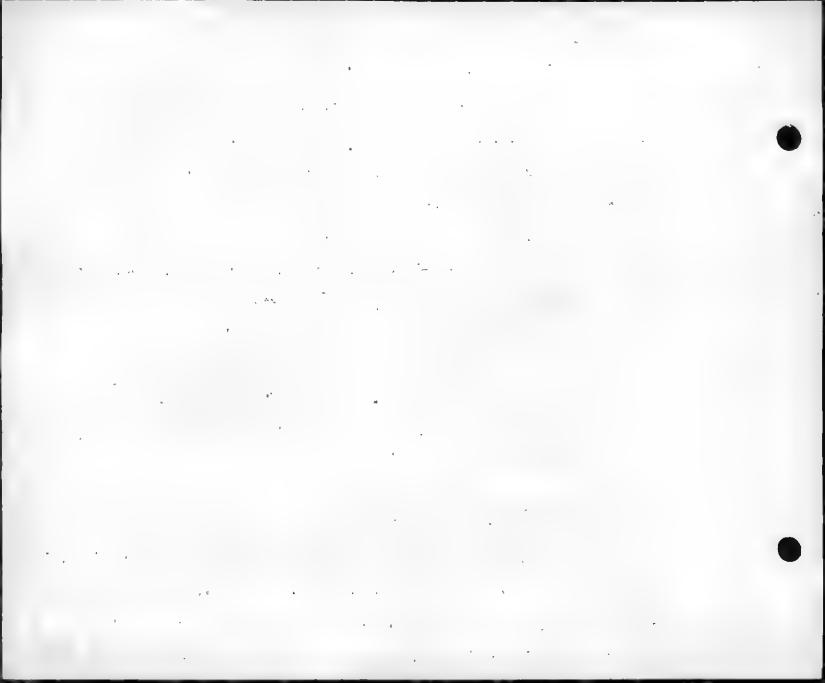
O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled it by director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers: Pages bould be filed with the State Dept. of Health prior to burial, crematian, ar removal, and in any event, within 72 hours O HOINITAL OR ATTENDING PHYDICAN: The law requires that the death certificate be executed within 24 h Page 4 may be retained by the haspital ar attending physician.

VR AT (4)

24, FUNERAL DIRECTOR ADDRESS 1050 York Road Towson, Maryland Cook-Brooks Towson,

250 REC'D BY REGISTRAR DATE APR 2 3 1968

REGISTRARS SIGNATURE





1 .	ı	MARYLAND STATE DEPARTMENT OF HEALTH	
10		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATEVI)		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	,
HEALTH DEPT	1. D	DECEASED-NAME Type or Print) First Middle Lost OF ESTI- DEATH MATED 4-16 1968	2b HOUR
y delay is and 3 to PM3. Page artment of	3 5		2d HOUR
ep	70. cou	BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED OF COUNTY OF DEATH OF WHAT COUNTRY? WEST VINGINIA WIDOWED DIVORCED 1374 T. M. K.Z.	1 M
after death 8. Give Pages 1, along with farm with the State D		CITY OR TOWN OF DEATH 11 NAME OF HOSP TAL OR INSTITUTION (If not in hospital during most of warking life, even if jetired) INDUSTRY	NESS OR
s after de 18. Give I alang w with the death.		USUAL RES DENCE (Where deceosed lived, if institution Residence before 13c. CTY OR TOWN 13d MSDE CITY LM 15? 13e STREET AND NUMBER 3216 Rocking Rock	de la companya della companya della companya de la companya della
hourr Item Office 1 and 2	14	FATHER'S NAME First Middle Cost IS MOTHER'S MAIDEN NAME First Middle Lost	
I with n 24 Examiner's Fife pages		WAS DECEASED EVER N U.S. ARMED FORCES? Yes, no. or unknown) Work of the property of the social security no 12 informant ADDRESS Frequency of the social security no 12 informant No. 17. 3216 Rolling No. 2	1207
d w d w land w land land land land land land land land		18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (s).) APPROXIMATE BETWEEN ORSET.	NTERVAL AND DEATH
executed and Medical E		PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) TESTIFICATION LIFE STATE ASSETTING TESTIFICATION TESTIFICAT	- 3-
¥ P W d +		DUE TO, OR AS A CONSEQUENCE OF	
be expending the pending the p		(anditions, fony, which gave) Inse to immediate couse (a) (b) Oner store of Misoner, pills (SiriB GERTS)	
ward ward ihe Ch ial-tra		stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
Show the showing t		[dst. (c)	
rate ng th ded t ded t	2	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6)	
nts certificate, writing a farward to be used to remaval.	CERTIFICATION	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION 20 AJTOPSY WAS PERFORMED?	?
te, for	I E	AF2	NO
i i i i i i i i i i i i i i i i i i i	MEDICAL CE	210 EXTERNAL CAUSE WAS 21b T ME OF INJURY Month, Doy, Year PRIMARY OR CONTRIBUTING HOUR A M. CAUSE OF DEATH P M 19	
EXAMINER: ute the certi age 4 should your files. Page 3 shoul	ME	21d IN_JRY OCCURRED 21e PLACE OF INJURY (At home, form, street, while at work	State
ecut ecut ecut Pag ar y ar y		22a. I certify that I taak charge of the remains described abave, held an Autopsy , Inspection A: Inquiry A and in m	v apiniar
CAL exector. Programmed for CTOR.		death resulted from: Natural causes , Accident , Suicide , Hamicide , Undetermined manner	,
olease direct direct bir ta		CHIEF MEDICAL EXAMINER	
		SIGNATURE & LEEZON THE COLOR MD. ASSISTANT MEDICAL EXAMINER \(\signature \) 226 DATE SIGNED	
		EXAMINER DEPUTY MEDICA. EXAMINER DEPUTY DEP	F
TO DEPT necessa the fun 5 may TO FUNE Health	230	BURIAL CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town) (County) (St	tate)
150	24	Valled.	
VR A15ME (5) .0M REV 1/68	1	Loning Sylers -877 & Titraity South DATE APR 19 1968 policy	pe.
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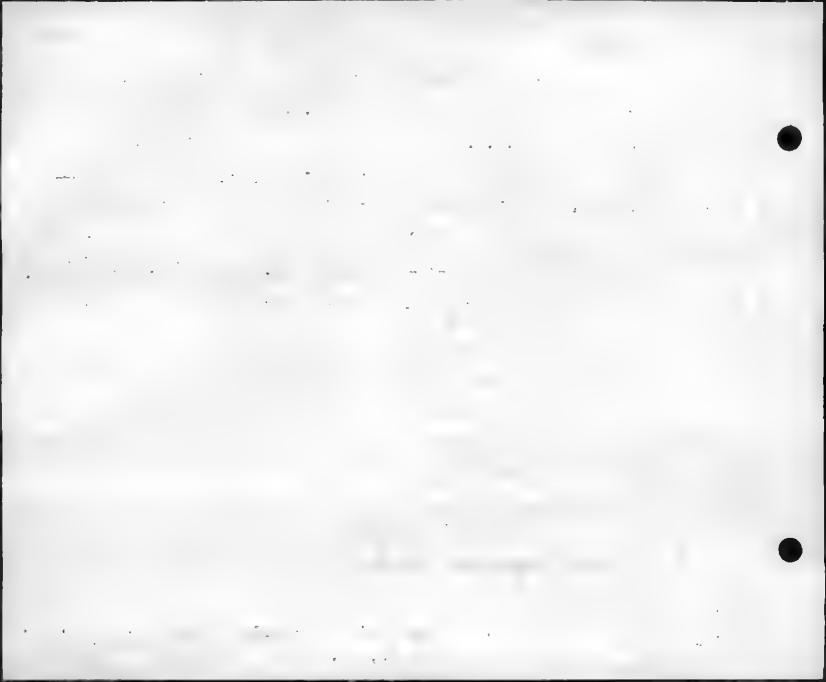


Owings Mills. Md.

FUNERAL DIRECTOR

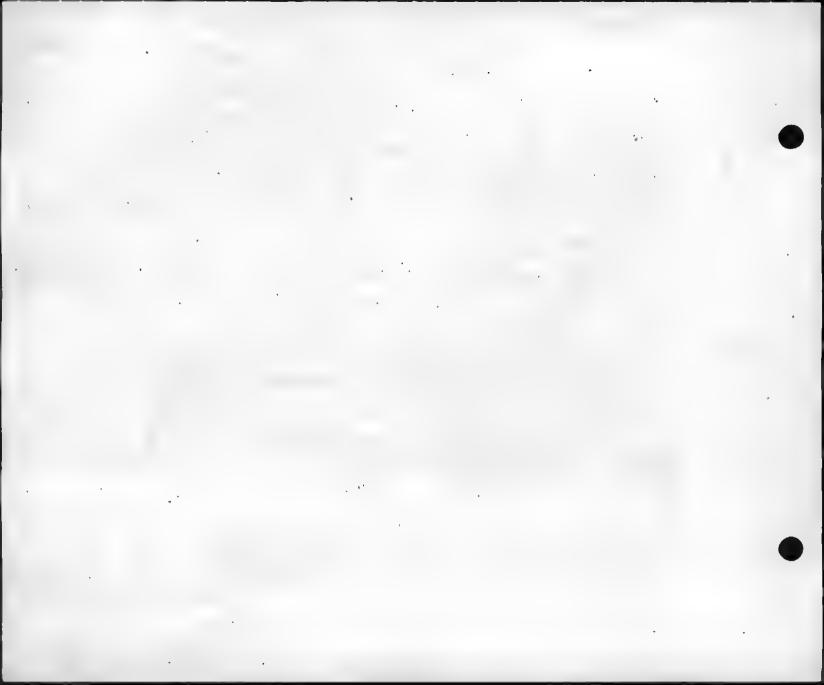
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DATE

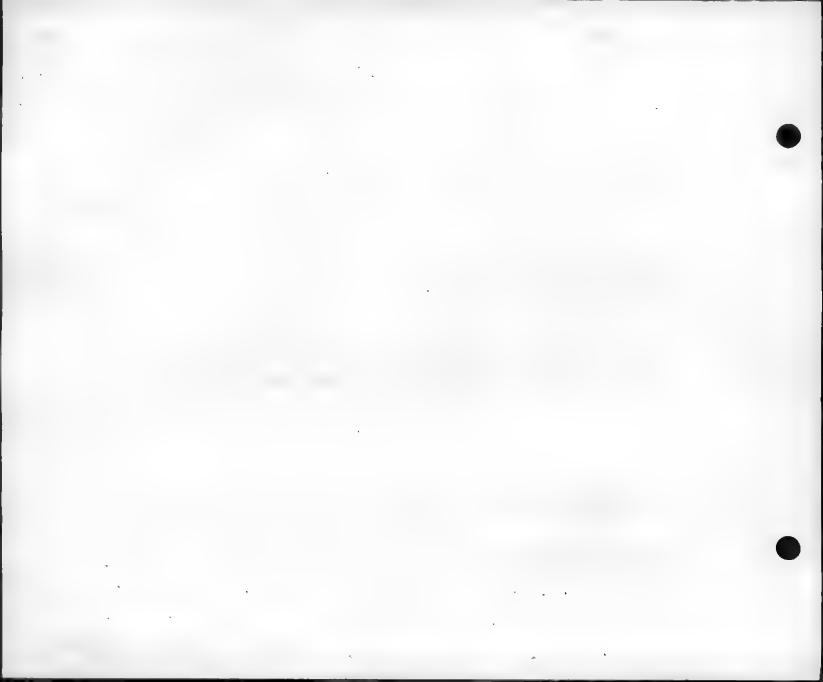


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S Middle KREEG 1 DECEASED NAME 20. DATE KNOWN Month (Type or Print) / YNN OF ESTI-Poge ŧ, DEATH MATED 6 AGE (In years IF JNDER 24 HRS 3 SEX 2c. DATE PRONOUNCED DEAD 4 RACE and P.M.3. 70 BIRTHPLACE (State or foreign 9. COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED | DIVORCED [10 CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of working ite, even firetired) TOWSON Give 13e, STREET AND NUMBER 130 USUAL RESIDENCE (Where deceased lived, it institution: Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13b COUNTY OCKEVSVILLE and 2 tem 1 14 FATHER S NAME M ddle IS MOTHER'S MAIDEN NAME haurs pages 17 INFORMANT pencil **ADDRESS** (Yes, no, grunknown) 202 DUNEOF 3 2 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) permit. PART I DEATH WAS CAUSED BY Conditions, if only, which gove rise to immediate couse (o). This certificate should writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse Ξ. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) SO 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? NO P YES 🖂 210 EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter nature of njury in Port 1 or Port 2, Item 18) 21b T ME OF IN, JRY Month, Doy, Year P PRIMARY FOR CONTRIBUTING HOUR A M DRIVER OF CAR CAUSE OF DEATH 21d NURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21t LOCATION Street or R.F.D. No. (ty or Town County Store foctory, office building, etc.) BUHN TON Md +1571WA CHENGY 22a. I certify that I tack charge of the remains described above, held an Autopsy ... Inspection ngu ry and in my apinian Natural couses Accident . Spicide death resulted fram: Hamicide Undetermined manner moy be re FUNERAL 22b DATE SIGNED the funero. O DEPUTY TO FUN Health 230 BURIAL CREMATION CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) REMOVAL (Specify) ...

MARYLAND STATE DEPARTMENT OF HEALTH



1 -1 (1/1)	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201						
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	1 37 59				
HEALTH DEPT.		T D \	Doy Year 2b HOUR				
200		F DEDER ICK J. IRRULL DEATH MATED APP	3 1965 8 7 M				
after death any delay 18. Give Pages 1, 2, and 3 to along with form PM3 Power with the State Department geath	3 5	M 11 7/13/05 lest birthday) MONTHS DAYS HOURS MAN MONTHS DOY 3	Ed 9 8 1 M				
Depo		B RTHP_ACE (Stote or foreign 75 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH					
ges n for		MO, DOA WOOMED BNOKED BALLE	Md 12b KIND OF BUSINESS OR				
fer death Give Pages ang with for th the State		give street address) furring most of working ite even firetired }	INDUSTRY 0/L				
This certificate should be executed with a 24 hours after death icote, writing the word "pending" in pencil in Item 18. Give Pages 1, be forwarded to the Chief Medical Examiner's Office along with form it be used as a burial-transit permit. File pages land 2 with the State De or remaval, and in any event within 72 hours after death	130	JSJAL RESIDENCE (Where deceosed lived, if institution Residence before 13c CITY OR TOWN 3d INSIDE CITY LM IS? 13e STREET AND NUMBER	2141 - 0				
hours Office of and 2 value of the defer d	14.	TATHER'S NAME FIRST Middle Last IS MOTHER'S MAIDEN NAME First Middle	HYZOR LOST				
24 hours in Item 1 r's Office es Tand2 rs after d		JACOB F. KROLL DORA KACKER	EM 3T				
with a 24 hours of pencil in Item 18. caminer's Office old le poges 1 and 2 with 72 hours after dea		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT ADDRESS					
with Framile File po	<u> </u>	UNK 214-01-7301 FLOKENCE KROLL	A BOVE APPROX MATE INTERVAL				
This certificate should be executed wit cote, writing the word "pending" in pe be forwarded to the Chief Medicol Exar I be used os o burial-transit perm.t. File or remayal, ond in any event within 72		18. CAUSE OF DEATH (Enter only one cause per line for (a) (b) and (c).) PART 1 DEATH WAS CAUSED BY IMMEDIATE (AUSE to) P- 5-C-V- DISEASE	BETWEEN ONSET AND DEATH				
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be pe		Conditions, if ony, which gove) rise to immediate cause (a), (b)					
should be e ne word "per a the Chief I burial-transit		stating the underlying cause lost					
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his certif ote, writh te forwar be used r remava	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?				
his ote, ee fo	E E		YES NO I				
*= = = -	₹	210 EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. P.M. 19	em 18.)				
를 하십 수 있 ip	MED	21d INJURY OCCURRED 21e PLACE OF INJURY (At home form street 21f LOCATION Street or R.F.D. No. City or Town	County State				
XAN tre til ge 4 your Page cren		WHILE NOT WHILE of foctory, office building, etc.)	/				
1 × × × × 0 × 0 × 0 × 0 × 0 × 0 × 0 × 0		220 I certify that I took charge of the remains descr bed obove, held an Autopsy, Inspection Inquiry	ond in my opinion				
director etained DIRECT or to bu		deoth resulted from: Notural couses . Accident . Suicide . Homicide . Undetermined monner					
TY BICAL y, please executed director. Properetoring for a peretorined for AL DIRECTOR.		ACTUAL SIGNATURE ACTUAL SIGNATURE ASSISTANT MED CAL EXAMINER 226 DATES	SIGNED / C				
ro DEPUTY SICA necessary, please ethe funerol director 5 may be retained O FUNERAL DIRECT Health priar to bu		EVAMINEDIS A. DEPUTY MEDICAL EXAM NER D	15/68				
O DEPUT necessary the fune 5 may b O FUNER Health	220	NAME (Type) M 13 DAVIS MD, - 6800 MCRN) AND ESSISTED THE TOWN OF TOWN (City of Town)	W/1-112				
5 - 1 5 -	230	REMOVAL (Specify)	(County) (Stote)				
W. W. W.	24	FUNERAL DIRECTOR ADDRESS 25d REC D BY REGISTRAR 25b REGISTRARS S	GNATUPA CONTRACTOR				
TOM REV 1200	يا	T.G. CONNELLY SONS 300 MACE DATE APR 8: 1968 JULIA	to.				



VI) 85283

MARYLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CFRTIFICATE OF DEATH

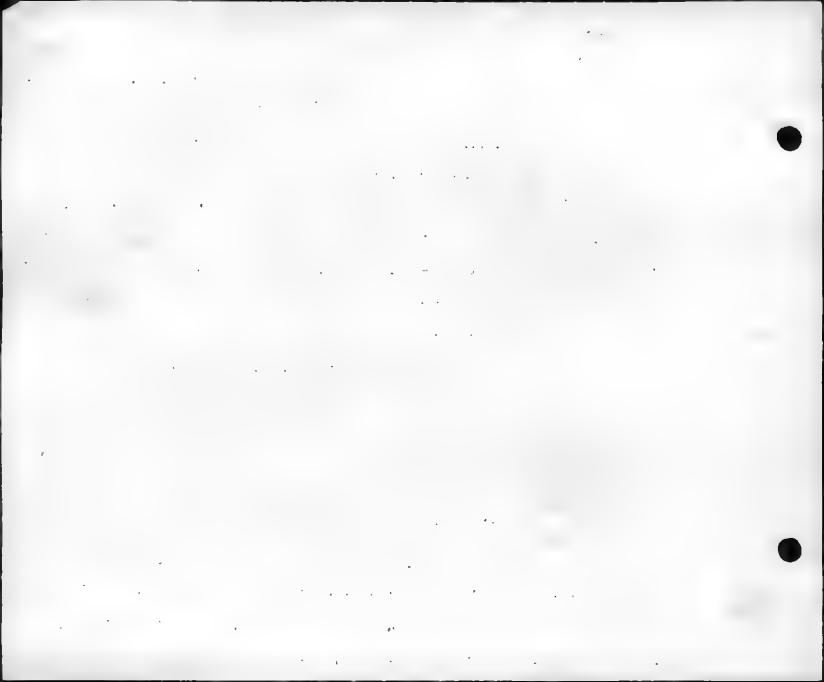
						TOTTIE OI	P-6/3/1/1				1. 1		12
	FCFASED-NAME 'ype ar print)	First	ETD I	Middle	te m	last		20 DAT	E OF DEATH Month	Day	Year	2b H0	OUR
ψ.	The ev buyer	ELL	EIN		KK	UUSMAGT			April	6, 19	68 Year	5:0)O ^M
3 SE			4. RACE			S DATE OF	BIRTH		6 AGE (n ye	ears IF U	INDER I YEAR	F JMDER 2	P4 HRS.
	Female		Whit	e		Novem	ber 24,	1901	iast birthog	YRS, MOR	IN2 ONIZ	HOUKS	PREE
7a E cour	SIRTHPLACE (State or fa		7b. CITIZEN OF WHAT	COUNTRY?	8. MARRI	ED 🔲 NEVER MA	RR:ED 🗌		Y OF DEATH				
2001	"" Estonia	a	U.S.A	١.	WIDOW	ED 🔀 DIVO	ORCED 🔲	I	Baltimore	<u>}</u>			Md
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	Towson		giveSit	et oddress) . Joseph	Hosp	ital		lomema	king life, even if re eker	mred.)	NDOSEKT		
	USUAL RESIDENCE (Who	ere deceasi	ed lived, if institution	Residence before	13c CHTY	OR TOWN	13d. INSIDE C TY LI		8 STREET AND NUM				
aam	ission) STATE	d	13b COUNTY Ba	ltimore	Timo	nium	AE2 NC		1811 Vis	ta Lar	ie, 2	1093	
14 [FATHER'S NAME FI	rst	Middle	Lost		IS MOTHER'S A	LAIDEN NAME F	irst	M	iddie		Last	
	Wil	hem		Kaptei	n		I	Leena			Kin	nberg	
160	WAS DECEASED EVER I		ED FORCES?	6b. SOCIAL SECURITY	NO 1	7. INFORMANT			Ad	dress			
	(es, no, ar unknawn) No	fin kas ilisa so	DI DI DICIAR DE ZELAICA)	150-24-32	48	Mrs.	Helen E	Eichh	orn 1811	Vista			
	18. CAUSE OF DEATH			for (a), (b), and (c)	.)						APPROXI BETWEEN (IMATE INTERVA ONSET AND DEA	ATH
	PART I. DEATH W												
	1921	THITLEVIN		A CONSEQUENCE OF									
	Conditions, if any, which gave) (b) Congestive Heart Failure												
	nse to mmed of cause (a), DUE TO, OR AS A CONSEQUENCE OF												
	(c) Metastasis of pelvic malignancy to lungs												
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)												
-	19		-										
MEDICAL CERTIFICATION	19a. DATE OF OPERATIO	N 19b.	CONDITION FOR WHICH	OPERATION WAS PE	RFORMED	20a AUT	20a AUTOPSY? 20b IF YES, WER			IDINGS CONSI	DERED IN C	ERTIFYING	
IFIC					YES NO THE CAUSES OF DEATH?								
CER	21a ACCIDENT WAS L	JNDERLYIN	G 216 TIME OF I	NJURY	210	. HOW INJURY O	CURRED (Enter	r nature of	injury in Port 1 or	Part 2, Item	18.)		
ICAL		Tor contributing Cause of Death HOUR A.M. Manth Day Year P.M. 19											
MED	21d. INJURY OCCURRE	D 21e	PLACE OF INJURY (A			LOCATION Str	et or R.F.D. Na.		City or Town	C	υψητγ	Sto	ote
	While Not while [at work of work		10	FFICE BUILDING, ETC	-/-						`		
	22a certify the	rt (I) (thi	s bospital) atten	ded the deceos	ed from	harch	25 . 190	S, ta	April 3	19 6	that	(I) (we) last
	22a I certify the saw the dec	eased al	ive on Apr	il 6,	1 <u>9 68,</u>	and that in (r	ny) (our) api	inion dec	oth occurred an	the date of	ind haur	and from	n the
		d obove	, (I) (we) (did) (d	id not) view the	body aft	er deoth.							
	22b SIGNATURE	,		_		ATTEND	ING _ M	MED	STAFF C	22c. DATE	ril 6	796	58
	Dis V	hund	ed the	upoh	D	EGREE PHYS		RECTOR	PHYS.	Ap.	. 11 0	9 100	, ,
	22d. PHYSICIAN'S - 22e. ADDRESS NAME (Type) Dr. Stuart Sunday/ Yusup Oh, M.D. 7620 York Rd. Towson, Mc							m. Md	. 21.2	04			
,					-		, , , , , ,						
23a	BURIAL, CREMATION, REMOVAL (Specify)	23Ь. [OR CREMATORY			CATION (City or Tovewood, O		County)	(State) N.J.	
24	FUNERAL DIRECTOR	4,	/10/68	WOOD 18		emetery	25a. REC'D B			ISTRAR S SIGN			
		1 1	T 10			outson Ma				Clay		war	
WII	. Cook-Bro	OKS	TOMSOU IA	DO TOTK R	COL P.	みよられた。	TO DAIL THE	7 5 _	1300 /		1	0	

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burnal transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filled with the State Dept of Health prior to burnal, cremation, or remaval, and in any event, within 72 hours after death (

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death

Page 4 may be retained by the haspital ar attending physicion



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH I. DECEASED-NAME First Middle Lost 2n. DATE OF DEATH requires that the demth certificate be executed within 24 haurs after deoth (Type or print) EVA LAND G. 4. RACE S. DATE OF BIRTH F JNDER 1 YEAR 3. SEX 6. AGE (In veors last birthdoy) WHITE FEMALE 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED [] NEVER MARRIED [BALTIMORE, MD U.S.A. WIDOWED DIVORCED BALTIMORE 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPAT ON (Kind of work done 12b. KIND OF BUSINESS OR give street oddress)
SHANGRI-LA NURSING INDUSTRY AT I CATONSVILLE HOME 30. USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13e. STREET AND NUMBER 136 INSIDE CITY LIMITS? STAMARYLAND 13b COUNTY BALTIMORE YES 8203 MARCIE NO X DRIVE 14 FATHER'S NAME IS. MOTHER'S MAIDEN NAME First First Middle **JENNIE** ROSENBLOOM GERBER LOUIS 160. WAS DECEASED EVER IN L.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT Address Yes, no. or unknown) 212-42-7415MR PAUL LAND. 8203 MARCIE DRIVE 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))
PART I DEATH WAS CAUSED BY A.S. CVD. -CVA IMMEDIATE CAUSE (o) Conditions, if any, which gove) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) certificate has been 206, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. ALTOPSY? CAUSES OF DEATH? YES 🗀 ₩0 [210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 218 LOCATION Street or R.F.D. No. City or Town County Stote While Not while at work couses stoted obove, (I) (we) (did) (did not) view the body ofter deoth. 22c DATE SIGNED 22b SIGNATURE ATTENDING DEGREE PHYS DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS MORTON J. ELLIN 8629 LIBERTY ROAD NAME (Type) director, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) 230 BURIAL CREMATION BALTIMORE, MARYLAND 4-14-68 CHIZUK AMUNO (ARLINGTON) SOL LEVINSON & BROS. **ADDRESS** 250 REC D BY REGISTRAR INC. 6010 REISTERSTOWN ROAD, BALTO.



01185

TO FUNERAL DIRECTOR: After this cert ficate has been signed by the attending physician and campietely filled in 50 they unreal adjunctor, page 3 should be detached for use as the burial-transit permit. Then please remove corban papes. Tages 1, and 2 an

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death.

Page 4 may be retained by the hospital or attending physician.

OM REV ING

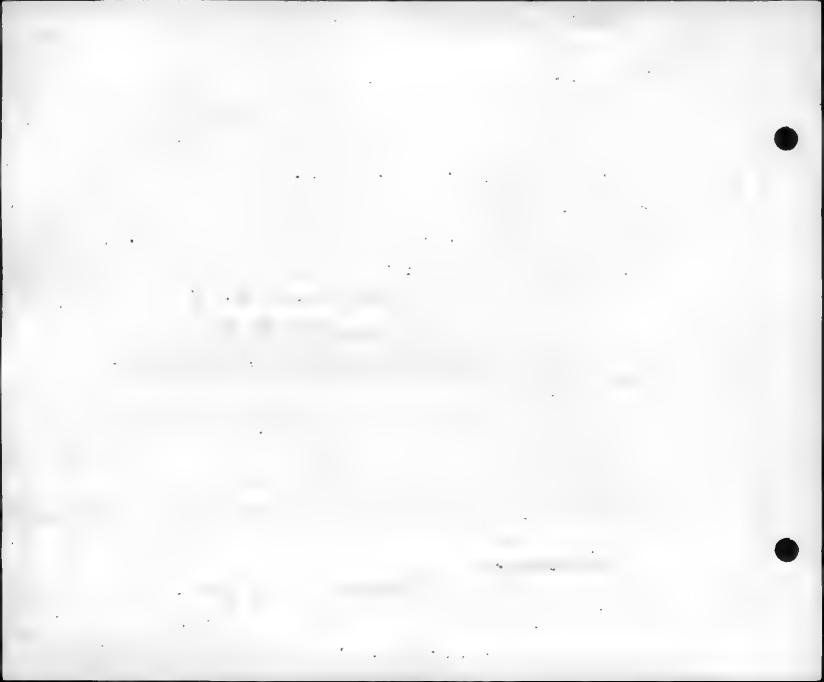
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

/1														
	1 DECEASED NAME First	Middle	Lost	20 DATE OF DEATH 20 HOUR										
	(Type or print) Will	iam	Lee	April	April" 25, 1968 7.47pm									
	3. SEX	4 RACE	S DATE OF BIRTH	6 AGE (In years	F JNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN									
	Male	white	October 1,	1886 lost birthdoy)										
	70 BIRTHPLACE (Stote or foreign	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARR ED	9 COUNTY OF DEATH										
	Md.	U.S.A.	WIDOWED DIVORCED	Baltimore Co	unty Md.									
,	10. CITY OR TOWN OF DEATH Catonsville	11 NAME OF HOSPITAL OR INS	State Hospital Shi	AL OCCUPATION (Kind of work do										
130 USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) 134 E 136 COUNTY 136 COUNTY 136 USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) 136 USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) 136 USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) 136 USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) 136 USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) 136 USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) 136 USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) 136 USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) 136 USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) 136 USUAL RESIDENCE (Where deceosed lived, if institution: Residence odmission) 136 USUAL RESIDENCE (Where deceosed lived, if institution: Residence odmission) 136 USUAL RESIDENCE (Where deceosed lived, if institution: Residence odmission) 136 USUAL RESIDENCE (Where deceosed lived, if institution: Residence odmission) 136 USUAL RESIDENCE (Where deceosed lived, if institution: Residence odmission) 136 USUAL RESIDENCE (Where deceosed lived, if institution: Residence odmission) 136 USUAL RESIDENCE (Where deceosed lived, if institution: Residence odmission) 136 USUAL RESIDENCE (Where deceosed lived, if institution: Residence odmission) 136 USUAL RESIDENCE (Where deceosed lived, if institution: Residence odmission) 136 USUAL RESIDENCE (Where deceosed lived, if institution: Residence odmission) 136 USUAL RESIDENCE (Where deceosed lived, if institution: Residence odmission) 136 USUAL RESIDENCE (Where deceosed lived, if institution: Residence odmission) 136 USUAL RESIDENCE (Where deceosed lived, if institution: Residence odmission) 136 USUAL RESIDENCE (Where deceosed lived, if institut														
										Benjamin	Lee		therine Bond	
										160. WAS DECEASED EVER IN U.S. ARA Yes, no, or unknown) [If yes give w	ver or dotes of service)		Address	
		219-54-32		Spring Grove S	tate Haspital									
	18. CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSEI	y one couse per line for (o), (b), and (c) DBY Intestina			SUTHERE DESCRIPTION OF THE									
		ATE CAUSE (o)	L Observertur, 1	.ec.00-218mord	area, z days									
	For the country of the country of	DUE TO, OR AS A CONSEQUENCE OF												
	Conditions, if ony, which gove rise to immediate couse (o), ((b)	<u> </u>											
	stoting the underlying couse													
	lost	PART 2 OTHER 5 GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)												
	Arterioscle	rotic Cardiovas	scular Heart Dia	art Disease.										
	190 DATE OF OPERATION 19b. 210 ACCIDENT WAS UNDERLYIN OR CONTRIBUT NO COLUMN medical exomi (If either, notify medical exomi	CONDITION FOR WHICH OPERATION WAS PE	RFORMED 200. AUTOPSY?											
f	HILL		YES NO IC	CAUSES OF DEATH?										
	210 ACCIDENT WAS UNDERLYIN		21c HOW INJURY OCCURRED (Ente	er nature of injury in Port 1 or Port	2, Item 18.)									
	S OF CONTRIBUTING CAUSE OF CEAT	ner) P.M. 19												
	21d INJURY OCCURRED 21e While Not while of work of work	PLACE OF INJURY (AT HOME, FARM, STREET, FAC	21f LOCATION Street or R.F.D. No.	i. City or Yown	County Stole									
	22g, I certify that AQ (th	is haspital) attended the decease	ed from March 11 . 19	56 to April 25.	19.68 that XI) (we) last									
	saw the deceased a	22a. I certify that (4) (this haspital) attended the deceased from March 11, 19, 56, ta_April 25, 1968, that (20) (we) last saw the deceased alive an April 25, 1968, and that in (my) (Kur) apinian death accurred an the date and haur and from the												
		e, (I) (we) (id) (did nat) view the	bady after death.											
	226. SIGNATURE	my Minnell		MED STAFF	2c Date signed April 26, 1968									
	22d PHYSICIAN S	7-71	22e ADDRESS Sp	ring Grove State	Hospital									
NAME (Type) Anthony J. Young, M.D. Baltimore, Maryland 21228														
	230 BURIAL CREMATION, 23b.	DATE 231 NAME OF	CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (Stote)									
	24. SUNERAL DIRECTOR	ADORESS	2Sm REC'D I	BY REGISTRAR 25b. REGISTRA	IR'S SIGNATUREL									
N	E.S. Mac.	nach 301 Fr	ederios Polate JU	N T O 1968 10	iarles Judge									
		277	20											



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME Middle 1 ast 26. HOUR 2a. DATE OF DEATH degth requires that the death certificate be executed within 24 hours after death the attending physician and campletely filled in by the funeral sit permit then please remave carban papers. Pages I ward (Type or print) 4. RACE IF UNDER I YEAR F JHDFR 24 HRS 6 AGE (In years and in any event, within 72 haurs after lost birthday) MONTHS HOURS 70 BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED Eglenin Arm Mid WIDOWED [DIVORCED [10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street oddress)
Grenter BATTO Med. Cen during most of working life, even if retired.) INDUSTRY BALTO 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c, CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? odnission) STATE Woodbine Ave 1 136 COUNTY YES 🔲 NO ON 21204 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle Lost Last Ó eight 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Yes, no, as Linknown) (If yes give wor or dates of service) burial, cremation, or remayal, Hospital Records 218-22-15461 APPROXIMATE INTERVA. 18. CAUSE OF DEATH (Enter only one cause per time for (a), (b) and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) signed by the burial-transit Conditions, if ony, which gove: rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 4 may be retained by the haspital ar attending **D FUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detached far use as the should be filed with the State Dept. of Health priar to 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES ___ 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If e ther, notify med col examiner) P.M 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, EARM, STREET, FACTORY,) 21f LOCATION Street of R.F.D. No. City or Town County State While Not while at work TO FUNERAL DIRECTOR: After 220 | certify that (1) (this haspital) oftended the deceased from 4-15 ____ 19 68 10 4-16 19 68, that (1) (we) lost saw the deceased olive on 4-16 19-68 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (i) (we) (did) (did not) view the body ofter death. 22b. SIGNATURE **ATTENDING** DEGREE PHYS 22d PHYSICIAN S 22e. ADDRESS GBM NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMAT ON 23b. DATE 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Spettyrial 4,19,68 Dulanev Valley Cockeysville, Md. 24 FUNERAL DIRECTOR **ADDRESS** 250 REC'D BY REG STRAR 25b. REGISTRAR S SIGNATURE Wm.Cook-Brooks Towson, Towson, Md. 21204

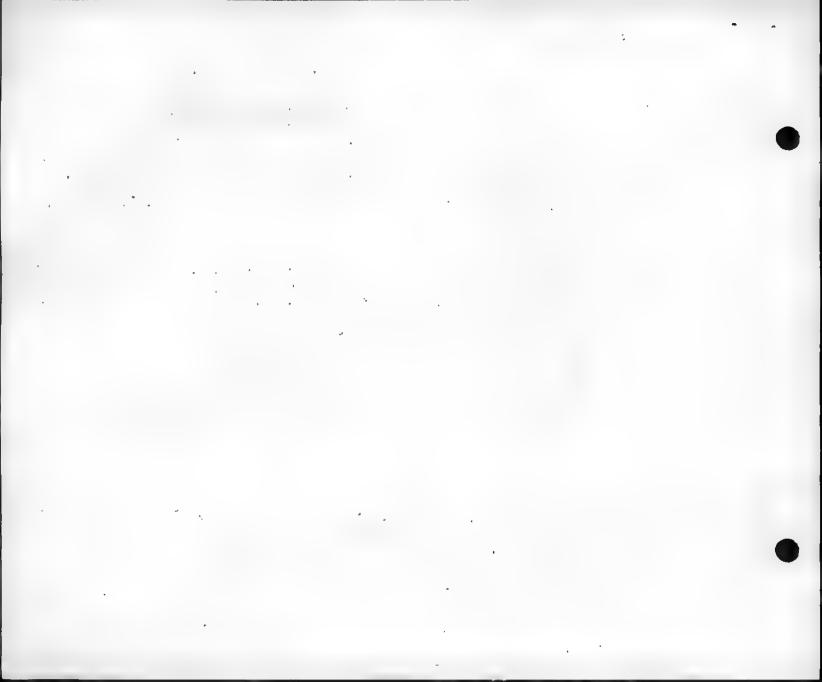


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 cert CERTIFICATE OF DEATH Last 2a DATE OF DEATH 2b. HOUR DECEASED-NAME Month (Type or print) 1:25PM LeMOINE, Jr. Keith Larry 3 SEX 4. RACE DATE OF BIRTH 6 AGE (n years IF UNDER I YEAR IF JHDER 24 HRS. requires that the death certificate be executed within 24 hours after HOURS ost birthday) Caucasian Male March 8 70 BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED Country) Baltimore Baltimore WIDOWED [DIVORCED [USA pappel the ottending physician and completely filled isit permit. Then please remove carbon paper 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 12b KIND OF BUSINESS OR FREATER SALTO, MED. CENTER INDUSTRY during most of working life, even if retired) Towson and in any event, 13a JSUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 13d INSIDE CITY JIMITS? 13e STREET AND NUMBER 13b COUNTY Baltimore NO 🗆 8316 Numley Drive. and 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME First Middle Middle Janice Davis Keith Le Moine Faye Larry 16b SOCIAL SECURITY NO 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address Yes, no, or unknown) (If yes give war or dates of service) cremation, or remayol, APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (a) Hypertrophic pyloric stenosis DUE TO, OR AS A CONSEQUENCE OF signed by the burnal-tronsit p Conditions, if ony, which gave) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couser physician. buriol, 1 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) attending os the priar to l O FUNERAL DIRECTOR: After this certificate has been 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION CAUSES OF DEATH? YES YES X NO for use Heolth be retained by the hospitol or 210. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) HOUR A.M. TOR CONTR BUTING CAUSE OF DEATH Month Day (If either, notify medical examiner) be detached 21d. IN) JRY OCCURRED 21e, PLACE OF INJURY AT HOME, FARM, STREET, FACTORY. 1 211 LOCATION STREET OF R.F.D. No. County State City or Town While Nat while at work 108 4/23 1908 378 22a. I certify that (I) (this haspital) attended the deceased from sow the deceased give an 4/23 1908 of , and that in (my) (our) opinion death occurred on the date and hour and from the sow the deceased alive on..... couses stated above. (1) (we) (did) (did nat) view the body after death. 22c. DATE SIGNED 22b. SIGNATUR **ATTENDING** 4/23/68 DEGREE DIRECTOR PHYS director, poge should be filed Poge 4 may b 22d. PHYSICIAN'S 22e ADDRESS Greater Baltimore Medical Center John E. Adams, M.D. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City or Town BURIAL, CREMATION,, (County) FUNERAL DIRECTOR VR A15 (4) 30M REV, 1/68 DATE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Lost 2g DATE OF DEATH DECEASED NAME Month Day 25 Year 65 (Type or print) 0 SEK APRIL 3 SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years WE UNDER 1 YEAR last birthday) MONTHS MALE WHITE requires that the death certificate be executed within 24 haurs 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED RUSSIA BALTIMORE WIDOWED DIVORCED U.S.A. the attending physician and completely filled sit permit. Then please remave carban pape 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR INDUSTRY PIKESVILLE NURSING RETAIL 13a USUAL RESIDENCE (Where deceased lived, f institution Residence before 13c CITY OR TOWN 3d. INSIDE CITY LIMITS? 130 STREET AND NUMBER 13b. COUNTY BALTIMORE 8402 MERRYMOUNT , and in any 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First First Middle Last Middle Last **JACOB** SARAH 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT (If yes give wor or dates of service) Yes nor grunknown) 217-32-7728MRS. JENNIE SPJUT,8402 MERRYMOUNT ar remaya 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))
PART DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a) Conditions, Lony, which gove) burial-transit rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the 190 DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO I YES 🖂 s certificate 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) etached far OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY,) 21f LOCATION Street or R.F.D. No. State City or Town County While Nat while of wark 22a. I certify that (1) (this hospital) attended the deceased from 3723 22, 19 62, to 25, 19 68, that (1) (we) last saw the deceased alive an approximately 19 8, and that in (my) (our) opinion death occurred an the date and haur and from the Page 4 may be retained TO FUNERAL DIRECTOR: couses stated above, (I) (we) (did) (did-not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED DIRECTOR directar, page 3 shauld be filed v DEGREE ADDRESS PHYS CIAN S 22e NAME (Type) 23a BURIAL, CREMATION 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Caunty) (State) 4-28-68 WORKMENS CIRCLE BALTIMORE 24 SINERAL DRECTOR SOL LEVINSON & BROS. IN 6010 REISTERSTOWN ROAD. **ADDRESS** 25a. REE'DOBY REGISTRAR 2Sb REGISTRAR'S SIGNATURE TNC VR A15 (4) 1968

30M REV. 1/68





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH I. DECEASED NAME Exest Middle Last 2d DATE OF DEATH reguires that the death certificate be executed within 24 haurs after death (Type or print) MERRILL LEWIS 5 DATE OF BIRTH 3 SEX 4 RACE 6. AGE (In years lost birthdoy) DAYS MONTHS December 14, 1898 White Male 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH B. MARRIED X NEVER MARRIED country) bon papers within 72 H Ξ, Baltimore USA WIDOWED [D-VORCED | Ohio and completely filled 10. CTY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g USJAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street address) INDUSTRY. during most of working life, even if retired) pleose remove corbon retired St. Joseph Hospital Penna. R.R. Towson 130. USUAL RES DENCE (Where deceased lived, if institution Residence before 13c. City OR TOWN 13e STREET AND NUMBER 13d. INSIDE CITY LIMITS? 13b. COUNTY 420 Maryland Ave. and in ony 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME First Middle M ddle Lost Lost WILLIAM 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address or removal, BEATRICE ABOVE attending phys APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) BETWEEN ONSET AND GEATH PART I DEATH WAS CAUSED BY: Cerebral Thrombosis IMMEDIATE CAUSE (a) _ DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p burial, crematic Canditions, if any, which gave) (b) Arteriosclerotic Cardiovascular Disease rise ta immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) os the O FUNERAL DIRECTOR: After this certificate has been 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190 DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20o AUTOPSY? CAUSES OF DEATH? detoched for use of YES [7] NO [210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21¢ HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year 21e. PLACE OF INJURY (AT HOME, EARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No 21d. INJURY OCCURRED City or Town County Stote While Nat while at work 22a. I certify that (I) (this haspital) attended the deceased from April 18, 19,68, ta April 26 19,68, that (I) (we) last saw the deceased alive an April 26, 1968, and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated above, (I) (we) (did) (did not) view the bady after death. be retoined 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED DIRECTOR STAFF April 26, 1968 DEGREE PHYS 22d. PHYSICIAN'S 22e. ADDRESS 7620 York Rd.. Towson, Maryland 21204 Eduardo Montelibano, M.D. NAME (Type) director, should 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Stote) (County) 23a BURIAL, CREMATION, 23b DATE REMOVAL (Specify)

24. FUNERAL DIRECTOR ALTO HOLLY ADDRESS 2Sq. REC'D BY REDISTRAR12 256 REGISTRAR'S SIGNATURE YR A15 (4)

DATE

30M REV 1/68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH LOST [LIHDE A RD] 20 DATE OF DEATH DECEASED NAME Eirst Middle 2b. HOUR requires that the death certificate be executed within 24 hours after death (Type or print) Month & L 8 4 RACE SEX S DATE OF BIRTH 6. AGE (In years IF JAIDER 24 HRS TELINDER I YEAR lost birthooy) Caucasian HOURS 70 BirTHPLACE (State or foreign country) + 10010A 76. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED DIVORCED [WIDOWED [within 72 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) BALto during most of working life, even Petired.) INDUSTRY remaye carban completely GREATERS Housewite or remayal, and in any event, 13a USUAL RESIDENCE (Where deceased lived, if institution Residence before 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 1/221 13b. COUNTY 14 FATHER'S NAME First Middle 15. MOTHER'S MAIDEN NAME First Last Middle please crome physician 16b SOC AL SECURITY NO 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Yes, no, or unknown) [If yes give war or dates of service] APPROX MATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. permit. IMMEDIATE CAUSE (a) burial, cremotion, DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) burnal-transit rise to immediate cause (a). à DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse signed l PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) The retained by the haspital ar attending as the prior to has been 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? far use Health p NO X YES [this certificate 210 ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b TIME OF INJURY OR CONTRIBUTING CAUSE OF GEATH HOUR A.M. Month Day Year 90 (If either, natify medical examiner) P.M. detached 21d. MULRY OCCURRED / AT HOME, FARM, STREET, FACTORY, 1 21f LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY State Dept City or Town State County While Not while of work After 22a I certify that (1) (this hospital) attended the deceased from saw the deceased alive on 4-24 1960, a e 19 60, and that in (my) (aur) apinion death accurred an the date and haur and from the saw the deceased alive on director, page 3 shauld should be filed with the O FUNERAL DIRECTOR: causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b SIGNATURE 22c DATE SIGNED ATTENDING DEGREE DIRECTOR PHYS. PHYS Page 4 may 22d PHYSICIAN S 22e ADDRESS NAME (Type) NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMAT ON 23b DAT 23d LOCAT ON (City or Town) (County) REMOVAL (Specific 24. FUNERAL DIRECTOR **ADDRESS** 2Sa. REC'D'BY REGISTRAR VR A15 (4) 9 30M REV 1/68



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4 4 4

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MARYLAND STATE DEPARTMENT OF HEALTH 35293 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Lost 2a. DATE OF DEATH (Type or print) Lombardo Rose 5 DATE OF BIRTH 3. SEX 4 RACE 11-21-1886 Female. papers. Pag

_ U.S.A.

Middle

4-29-68 Manth 6 AGE (in years

Igst_birthday)

F JNDER 24 HRS IF UNDER 1 YEAR MONTHS HDURS

2b. HOUR

7b. CITIZEN OF WHAT COUNTRY? 70 BIRTHPLACE (State or foreign 8 MARRIED NEVER MARRIED

9. COUNTY OF DEATH

NO 🗆

Baltimore 12a USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR

ID. CITY OR TOWN OF DEATH Bellto. Catonsville

14. FATHER'S NAME

11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital give street oddress)
Shangri-La Nursing Home

WIDOWED A

during most of working life, even if retired)

Housewife 13d INSIDE CITY LIM TS? 3e STREET AND NUMBER

4903 St. Gemma Road

13a USUAL RESIDENCE (Where deceased lived, if institution; Residence before/ [13c CITY OR TOWN 13b. COUNTY

Maryland.

Balto. Lost

IS. MOTHER'S MAIDEN NAME First Lucy Poligardo

YES K

DIVORCED [

Lost

INDUSTRY

Joseph Dantoni

16b. SOCIAL SECURITY NO. None

17. INFORMANT

154 Oderorest Park Ave. Mr. Vincent Lombardo, Balto., Md. 21207

160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).)

PART I, DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

DUE TO, OR AS A CONSEQUENCE OF

months

BETWEEN ONSET AND DEATH

Conditions, if any, which gave) rise to immediate couse (a), stating the underlying cause

DUE TO, OR AS A CONSEQUENCE OF CLERO TIC CUI

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Ki abetes

90 DATE OF OPERATION

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

20o. AUTOPSY?

20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

YES 🔲 NO -

(If either, notify medical examiner)

21g ACCIDENT WAS UNDERLYING 216 TIME OF INJURY TOR CONTRIBUTING CAUSE OF DEATH HOUR A.M.

Month Day Year P.M.

21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.)

21d INJURY OCCURRED While Nat while at work 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street of R.F.D. No.

City or Town

State

22a. I certify that (1) (this hospital) ottended the deceased from 2/15, 1966, ta Upul 24, 1968, that (1) (we) last saw the deceased alive an Upul 23, 1968, and that in (my) (our) apinion death occurred on the date and hour and from the causes stated abave, (1) (we) (did) (did not) view the body after deoth.

DEGREE

ATTENDING PHYS

22e, ADDRESS

MED DIRECTOR

2So. REC'D BY REGISTRAR

22c. DATE SIGNED

County

22d. PHYSICIAN'S NAME (Type)

23a. BURIAL, CREMATION,

22b. SIGNATURE

23b. DATE 5-2-68

23c NAME OF CEMETERY OR CREMATORY New Cathedral Cemetery 23d LOCATION (City of Town) Balto.

(State) (County)

Burial (Specify) 24 FUNERAL DIRECTOR 4101 Edmondson Avenue Witzle Funeral Directors, Balto., "d. 21229

VR A15 (4) 30M REV 1/68

director, page 3

requires that the death certificate be executed within 24 ha

be retained by the haspital ar attending

Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been

signed by the attending physician and campletely f burial-transit permit. Then please remove carban

ar removal, and in any event,

crematian,

as the



20 ALTOPSY? 21c HOW INJURY OCCURRED (Enter noture of mury in Port 1 or Port 2, Item 18) County State and in my opinion 22b DATE SIGNED 4/23/68 6800 Mornington Rd. (County) Md. 250 RECD BY REG STRAR Hoffman , 3218 Hudson Street APn 26

MARYLAND STATE DEPARTMENT OF HEALTH

Yeor

APPROX MATE INTERVAL

BETWEEN ONSET AND DEATH

VR A15ME (5)



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH DECEASED NAME Lost 20 DATE KNOWN FET (Type or Print) ESTI-Alice Grace Lonsdale DEATH MATED 6 AGE (In years IF UNDER 24 HRS 3 SEX 4. RACE 5 DATE OF BIRTH 35 yrthday) 11/4/32 W 70 BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? MARRIED THEYER MARRIED 9 COUNTY OF DEATH U.S.A. (Ountry) Penna. WIDOWED | DIVORCED [120 USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 11 NAME OF HOSP TAL OR INSTITUTION (If not in hosp to) 12b KIND OF BUS NESS OR during man trefired (weekingil feeeven it refired) D.O.A. INDUSTRY St. Joseph Hosp. Balto. County 130 USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER admission) STATE 13b. COUNTY 102 Gothard Road Md. Balto. Lutherville YES NO K 14 FATHER S NAME IS. MOTHER'S MAIDEN NAME Middle Willard Bennett Eudora Lewis haurs forwarded to the Chief Medical Examiner's 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** (Yes, no, orunknown) (If yes give war or dates of service) Mr. Richard T. Lonsdale, Same as # 212-28-3667 APPROXIMATE INTERVAL event within 18 CAUSE OF DEATH (Enter only one couse per une for (o), (b), and (c)) permit. PART I DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Canditians, Fany, which gove rise to immediate couse (a). writing the ward stoting the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 90 190 DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? 210 EXTERNAL CAUSE WAS 21b LME OF INJURY Month, Doy, Year 21c HOW INJURY-OCCURRED (Enter noture of in Jry in Port 1 or Part 2, Item 18) PRIMARY FOR CONTRIBUTING F crematian, CAUSE OF DEATH 21d. NURY OCCURRED 21e PLACE OF INJURY (At home, farm, street, Toctory, office building etc. 220 | certify that I took charge of the remains described above, held an Autopsy Inspect on . Induity [and in my opinion Accident 7. Suicide death resulted from. Natural causes Hamicide Undetermined manner CHIEF MEDICAL EXAMINER 226 DATE SIGNED ASS STANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ealth NAME (Type) ADDRESS(Street, city town, ar county) Charles F. O'Donnell, M.D. 230 BURJAL CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) 4-25-1968 Druid Ridge Cemetery Pikesvolle, Md. 24 FUNERAL DIRECTOR ADDRESS 2Sb. REGISTRAR S SIGNATURE Wm. Cook-Brooks Towson, 1050 York Road Towson, Maryland 21204 Milwarlan VR A15ME (5) DATE 10M REV 1768



1

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the haspital ar attending physician.

VR A 1911

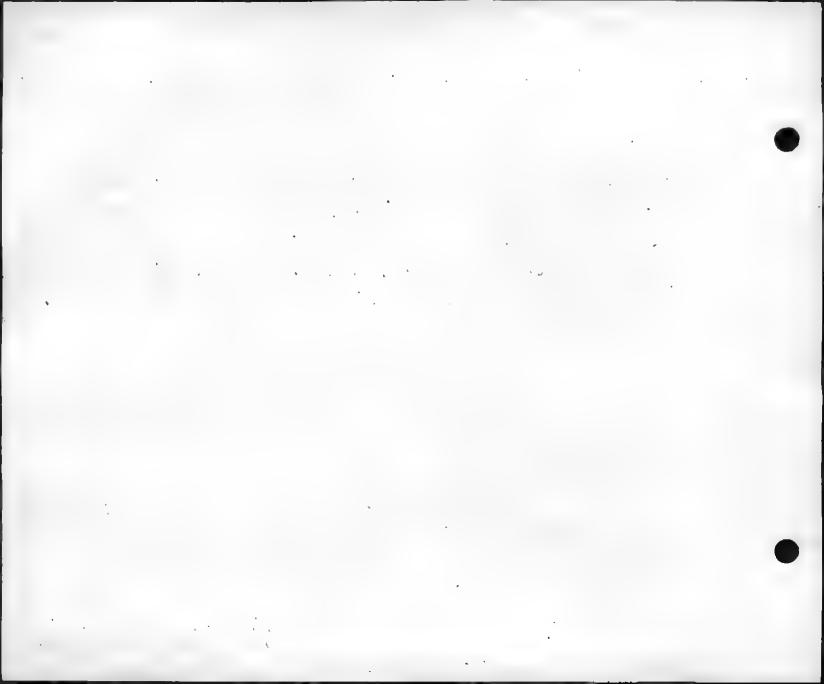
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages permit should be filled with the State Dept. of Health priar ta burial, cremation, ar remayal, and in any event, within 72 hours after deap

death

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

0.500 A

					CEKITFIC	AIE UF	DEATH				J)	
	ECEASED-NAME	First		Middle		Lost		20. DATE OF DE			2b. HOUR	
1	Type or print)	Gro	rae E.	Mai	×			An	Month De	oy Geor	6:3041	
3. SI	EX	- C7 E D	4 RACE	- 11 4		S. DATE OF E	IRTH	1 6	AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS	
	Male		267 h	7 t-C		May.	30.189	4	lost birthdoy) YRS	MONTHS DAYS	HOURS MIN	
	BIRTHPLACE (Stole	or foreign	76 CITIZEN OF W	HAT COUNTRY?	8. MARRIED	NEVER MA		COUNTY OF DE	ATH		-	
Can	arulan	2	U 5.	A	WIDOWED		RCED 🗍	Balti	more		Mo	
10	CITY OR TOWN OF			AME OF HOSPITAL OR I	NSTITUTION (£	not in hospital			ind of work done		BUSINESS OR	
1	gletho	ru e	give	street address	ST Az	10	during mos		e, even if retired)	INDUSTRY	- Elert	
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	nissian) STATE	nd .	135 COUNTY	more	Malet	horpe	AFZ 🔁 NO	572.	3 19157	AVE		
_	FATHER S NAME	First	Middle	Last	l l	S. MOTHER'S N	AIDEN NAME Fir	st	Middle		Last	
	645t	19/	MACK	/			MARY	/	Sichun	472		
	. WAS DECEASED E		MED FORCES? war or dates of service}	16b. SOCIAL SECURITY	/ NO. 17	INFORMANT	1 .1		Address	, 1		
	res, na, or unknowr		WI	215-10-	4196 /	anes	H. Mg.	CK573	23 / Irs	Mye		
7				ne far (a), (b), ond (a	())	/	- 1				MATE INTERVAL INSET AND DEATH	
	PART 1 DEA	TH WAS CAUSE IMMEDI	D BY: ATE CAUSE (o)	Carren	con	a !	2 Kee	chun	and the same	24	40	
	154	/		AS A CONSEQUENCE O	F	0						
	Conditions, if an											
	rise to immedia stating the und			AS A CONSEQUENCE O	F							
	last. (c)											
	PART 2 OTHER S	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)										
8	157.											
Ī	19a DATE OF OPE	190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 2Db. IF YES, WERE FINDINGS (CAUSES OF DEATH?									ERTIFYING	
CERTIFICATION	4-20	60	7,5			YES						
3	21 o. ACCIDENT V					OW INJURY OF	CURRED (Enter	nature af injury i	n Part 1 or Port 2	, Item 18.)		
MED C	(If either, notify	medical exomi	ner) P.M.	,	19							
2	21d INJURY OCC	URRED 21e	. PLACE OF INJURY	AT HOME, FARM, STREET, F OFFICE BUILDING ETC.	ACTORY) 21F L	OCATION Stre	et or R.F.D. Ng.	City or	Town	County	Stote	
	DI WOLK OF BY	UIK I				7 x 15	A 10 61	- 116	- fo // = 1		f=1	
	22a I certify	that (I) (II	is haspital) att	ended the decea	sed trom	A that in la	v) lous) anin	o, 10 Coc	urred an the d	Y <u>60</u> , that late and hour	(I) (we) las	
				(did nat) view the	e bady ofter	death.	it) (oor) ahiii	nun ucum occ	unes un me u	iule alla llaoi	ulia irain int	
	22b. SIGNATURE	-	-1	0 - 0	mi	ATTEND	NG ISSI ME	n _ s	220	DATE SIGNED	. ~	
	a. or	adlu	Dan	glierthe	DEG	REE PHYS			PHYS 🗆 🖊	4-16-6	,2	
ш	22d PHYSICIAN S NAME (Type		0 11	0	4.	22e AD	. 1	1				
L	desire (char	Pr.(4,	Bradle	y Daugh	arly	1126	4 Prav	16124	V.C.			
230	BUR AL, CREMATI		DATE	1 / 1	F CEMETERY OR	CREMATORY	1	23d. LOCATION		(County)	(State)	
E	DU MBI	- /	119/68	10110	2 "	grk Ce	metery	Baltin	jore M	911/99	10	
24	FUNERAL DIRECTO	-		ADDRES	25	01	2So. REC P	MEGITING 18	68 REGISTER	FREINGE T	noge.	
9	7 moros	C, +NC.	132856	(IPhar)	RCING	/cd	DATE		· ·	U	0	



2b. HOUR

Stote

(Stote)

25b. REGISTRAR'S S GNATURE

1968

within Dd remove carbon requires that the death certificate be executed and in any please ar removal, the attending phys signed by the burial-transit has been this certificate O FUNERAL DIRECTOR: After

CERTIFICATE OF DEATH Middle 2n DATE OF DEATH 1. DECEASED-NAME First Lost (Type or print) Mack James E. 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR HOURS lost, puthdoy) MONTHS DAYS 1893 Male Negro 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIEO NEVER MARRIED Maryland U.S.A. Baltimore WIDOWED [7] DIVORCED [IO CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. LSUAL OCCUPATION (Kind of work done 17b KIND OF BUSINESS OR give street address) during most of working life, even if retired) INDUSTRY Reisterstown Reisterstown Bent Nursing Home
130 USUAL RESIDENCE (Where deceosed lived, if institution Residence before 13c CITY OR TOWN Unknown 13d INSIDE CITY LIM TS? 13e STREET AND NUMBER odmission) STATE
Maryland 13b. COUNTY Baltimore 85 Railroad NO (X) Glyndon YES 🗀 Avenue 14 FATHER'S NAME First Middle 15. MOTHER'S MAIDEN NAME First Middle Unknown Unknown 16n. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Reisterstown (If was give war or dates of service) Yes, no. or unknown) 219-16-560L Bent Nursing Home Records Unknown PPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) Conditions, if ony, which gove) nalmitation nse to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🖂 NO T 21b. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) TOR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Town County While Not while of work 220. I certify that (1) (this haspital) attended the deceased fram-1968, that AT (we) last saw the deceased olive on... 19 68, and that in (my) (our) opinion death occurred on the date and hour and from the causes stoted above, (1) (we) (did) (did not) view the body after death. 22b SIGNATURE 22c. DATE SIGNED MED DIRECTOR ATTENDING STAFF PHYS PHYS. 22d PHYSICIAN'S 22a. ADDRESS NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION, 23b DATE 23d LOCATION (City or Town) (County) REMOVAL (Specify) 10-1968 Mt. Auburn Cemetery Beltimore.
| 250. RECO BY REGISTRAR | 250. REGISTRAN Marvland

Owings Mills, Md.

DATE

VR A15 (4) 30M REV 1/68 FUNERAL DIRECTOR

director, page should be filed



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Poge 4 may be retained by the hospital or attending physician

CERTIFICATE OF DEATH

1300

		CERTIFICATE OF DEATH											
New		CEASED-NAME	First	Middle	Las	t	2a. DATE OF				2b. HOUR		
) (I	ype ar print) J	ames	Simon	MacKe	ızie		Month April	24,	1968	М		
	3 SE	X	4 RACE		S DATE	OF BIRTH		6 AGE (In years	FUNC		F JNDER 24 HRS. HOURS MIN		
oris of		Male		White	J	an. 10,		1	YRS	S DATS	nuuk) mig		
P. 19		STRTHPLACE (State or forei	gn 7b CITIZEI	OF WHAT COUNTRY?	8. MARRIED 🖼 NEVE	R MARRIED [9 COUNTY OF	DEATH					
d in		Scotland	U.	S.A.	WIDOWED 📑	DIVORCED			imore		Md		
를 모 다	10 €	ITY OR TOWN OF DEATH		11. NAME OF HOSPITAL OR IN give street address)	,	during		(Kind of work di		SKIND OF BO Dustry	SINESS OR		
y bon w i	_	Towson		Chesapeake N				I fe, even if retire ser	L	ever	Bros.		
cor /ent	13e admi			nstitution Residence before UNIY Baltimore Timonium		3d INSIDE CTY YES	100	REET AND NUMBER		_	03000		
COLL 10 Ve		Mary.			Timonium		A 1 4	3 Spring		Dr.			
rem rem	14. 3	ATHER S NAME Eirst		uddle Last	15 MOTHER'S MAIDEN NAME First Middle					Corm	Lost		
an ose nd i	760	Joh		L. MacKenz							re		
ysici ple al, a			yes give wor or dates ell si			Helen U.	MacKenz			nglak	e Dr.		
hen hen over			ntar anlicana cour								TE INTERVAL		
ding t. T		18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c)) PART I DEATH WAS CAUSED BY. Respiratory arrest											
ormi		IMMEDIATE CAUSE (o) ACONSEQUENCE OF											
atio e		Conditions, if any, which	gove)	gove) Cerebral hydrocephalus 1 month									
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ed &		lost		(c) Rupture a	rterioven	ous aneu:	rysm		3	3 months			
signed by the attending physician and completely filled in by the burial-transit permit. Then please remove carbon papers. Pages burial, cremation, or removal, and in any event, within 72 louis of the property of the prope		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)											
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s be as t	CERTIFICATION	19a DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b IF YES, WERE FINDINGS CONST									TIFYING		
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ficate has been s for use as the b f Health prior to b		2To. ACCIDENT WAS UNI		TIME OF INJURY R A.M. Manth Day Year		RY OCCURRED (Eni	ter noture of injur	y in Part 1 or Poi	rt 2, ttem 1	8)			
ertif red t. of	MEDICAL	fif either, notify medical	examiner)	P.M. 1 NJURY (AT HOME, FARM, STREET FA	GORY 3 214 LOCATION	Street or R.F.D. N	la City	ar Tawn	Cou	inty	State		
tach Dept		While Not while at work	ZIE. PLACE UP I	OFFICE BUILDING, ETC.	211 LOCATION	Sifeel Of K.F.D. II	io chy	UI TUWIS	.00	niny	310.8		
er the		22a L certify that	(I) (this hospite	all attended the decens	ed from Augu	st 24 19	65 . to A	pril 24	19 68	, that (1) (we) last		
d be St		sow the deceo	sed alive on	al) attended the deceos April 20	19 68, and that	in (my) (our) o	pinion deoth o	occurred on th	e date on	nd hour o	nd from the		
7 Ser 4			obave, (i) (we) (did) (did not) view the	body ofter death.				22 2175				
3 st × 1 × 1		22b. SIGNATURE	111	المسماا	DEGREE PE	TENDING AV	MED.	STAFF -	22c. DATE S				
De died		22d. PHYSICIAN S	Na C	O-BOCK I			ork Road	PHYS. LI			rive		
RAI De De		NAME (Type) DO	NALD O.	WOOD, M.D.				Maryla			72246		
D FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to	23 o	BURIAL, CREMATION,	23b. DATE	23c NAME OF	CEMETERY OR CREMAT			ON (City or Town)		unty)	(Stote)		
5 g g g	1	REMOVAL (Specify)	4/27/68	B Dula	ney Valley	Cemeter				. /	d.		
VR A15 (4)		FUNERAL DIRECTOR		ADDRESS		2So RECD	BY REGISTRAR	2Sb_REGISTI	RAR'S SIGNA	ATURE			
30M REV 1/68	W	m. Cook-Bro	oks Tows	on 1050 York	Rd. 21204	DATE	Arn 29	1468	livery	CEO JA	nage		



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TO NORPHAN OR ATTINUME PRYNCHM: The law requires that the death cartificate be executed within 24 haurs after darth

Rage 4 may be retained by the haspital ar attending physician

MARYLAND STATE DEPARTMENT OF HEALTH

NOISIVIC	OF VITA	L RECORDS,	301	W.	PRESTON	STREET,	BALTIMORE,	MARYLAND	21201
			CED	TIE	SCATE C	AE DEA	7711		

		35.00	DIAIZION O			PRESTON ST		MORE, MARYLAND 21201	~ 34			
V	1 DE	CEASED-NAME	First	Middle				2g DATE OF DEATH	2b. HOUR			
)		voe or print)	ank Machai			6001		APRIL 23	1968 755P			
	3 SE	Х	4 RACE			S DATE OF B	IRTH	6 AGE (In years	F JNDER YEAR IF UNDER 24 HRS MONTHS DAYS HOURS M.R.			
		Male			Aug.	, 1895	last birthdoy) 72 YRS	MONTHS DAYS HOURS MIN				
		RTHPLACE (State or foreig	VHAT COUNTRY?	8 MARRIE	D 🐴 NEVER MA	RRIED 7). COUNTY OF DEATH					
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	10 C	ITY OR TOWN OF DEATH		NAME OF HOSPITAL OR INS estreet address)	TITUTION (I	f not in hospitol		OCCUPATION (Kind of work done staf working life, even if retired)	125 KIND OF BUSINESS OR INDUSTRY			
1	E	Balto.		INDUSTRE								
		JSUAL RESIDENCE (Where ssign) STATE	deceased lived, if institu	. /			13d. NSIDE CTY LIM					
	Guilli	Mary Mary	land 13b. COUNTY	Balto.	Bal	to.	YES X NO	- /UH GOOKS IM.	ne, Balto., Md.			
Ť		ATHER S NAME First	Middle	Last		15 MOTHER'S M	AIDEN NAME Fir	st Middle	Lost			
		MXXXX Frank					Bell Ma					
	160. 	was deceased ever in U. es, no, or unknown} Iffy	S. ARMED FORCES? es give wer or dates of service)	16b SOCIAL SECURITY N	1	. INFORMANT		Cooks Lane Address	V			
	_	No		081-09-80	18-A	Mrs. i	rank Ma	cneill Balto	Md. 21229			
		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) }										
		PART I DEATH WAS CAUSE BY: Carcinoma form										
				AS A CONSEQUENCE OF			10					
		Conditions, if only, which ase to immediate couse										
		stoting the underlying couse DUE TO, OR AS A CONSQUENCE OF										
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)										
		PART 2 OTHER SIGNIFICAL	NT CONDITIONS CONTRIB	UTING TO DEATH BUT NO	OT RELATED	TO THE TERMINA	AL DISEASE OR CO	INDITION GIVEN IN PART 1(a)				
	80	, , ,	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSI									
,á,	CERTIFICAT	IYG. DATE OF OPERATION	CONSIDERED IN CERTIFFING									
	ERTI	210 ACCIDENT WAS UND	ERLYING 216 TIME	OE INTERP	21,	HOW INTERPLO	<u> </u>	noture of injury in Part 1 or Part 2,	Itam 191			
		OR CONTRIBUTING CAUSE	OF DEATH HOUR A.M.	Month Day Yeor	210.	HOW INDUKT ON	COKKED AEIHER	notice of injury in run 1 of run 2,	(leli to.)			
	MEDICAL	(If either, notify medical 21d INJURY OCCURRED	exominer) P.M			LOCATION Stre	et or PED No	City or Town	County State			
		While Nat while at work	216 FEACE OF HEORI	(AT MOME, FARM, STREET FAC OFFICE BUILDING, ETC.	7	LOCATION JAIC	gi di k.i.D. No	city of fown	Costry			
		220. I certify that (i) (this haspital) ottended the deceased from Thurshy, 1968, to Apr 23, 196										
		saw the deceas	sed alive an. 🔑	97 271-	968.0	ind that in (n	ny) (our) o pin	nan death accurred on the d	ate and hour and from th			
		causes stated o	baye, (I) (we) (did	(did not) view the l	oady afte	r death.						
		22b SIGNATURE	DAI	·	des	ATTEND	NG ALSO ME		DATE SIGNED			
			1000	238	DE DE	GREE PHYS	الم لككار	RECTOR PHYS.	7-24-68			
		22d. PHYSICIAN'S NAME (Type) Tr	11	sopy v	~* ~~	22e. AD	4/16	Flus den	A. 7,779			
	,			23c. NAME OF	nipp	OR CREMATORY	7110	23d -OCATION (City or Town)	(County) (State)			
	230.	BURIAL, CREMATION, REMOVAL (Specify) DUT 181	23b DATE 4-27-68			or crematory	onle	Pomona. N. J.	(Caunty) (State) "			
	24	FUNERAL DIRECTOR				OLTAL 1	2So. REC'D BY	REGISTRAR 256 RECEPTRAR	S SIGNATURE			
		itzke Funera	d Director	ondson AVE	Md.	21229	DATAPR	2 5 1968 James	ness Just			

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages should be filed with the State Dept. of Health prior to burial, crematian, or removal, and in any event, within 72 hours and VR A15 (4) 30M REV. 1/68



Middle

First

4 RACE

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

Last

DATE OF BIRTH

2a. DATE OF DEATH

6 AGE (In years

2b. HOUR

HE UNIDER 24 HRS

HOURS

Year

IF UNDER 1 YEAR

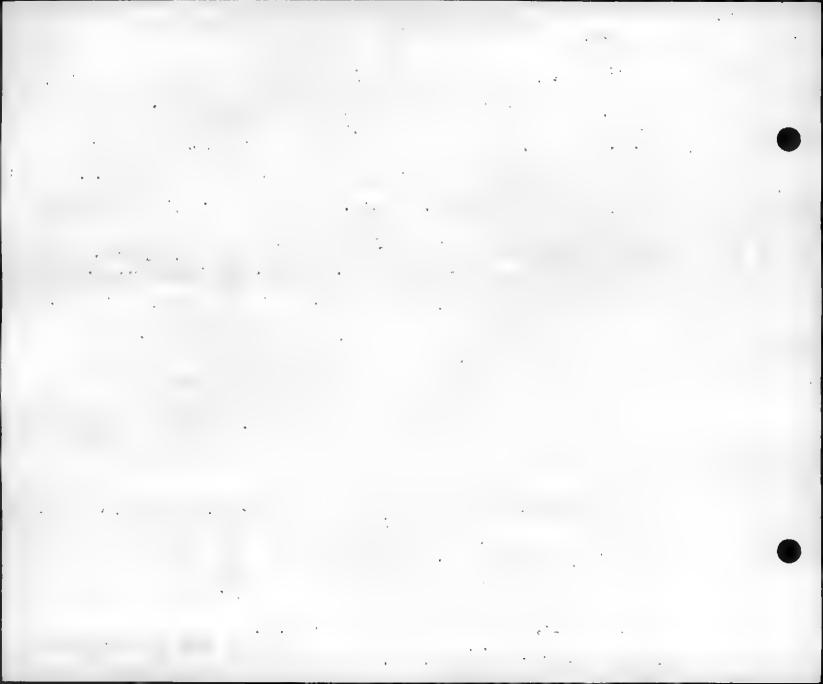
MONTHS

DECEASED-NAME The law requires that the death certificate be executed within 24 hours ofter death. (Type or print)

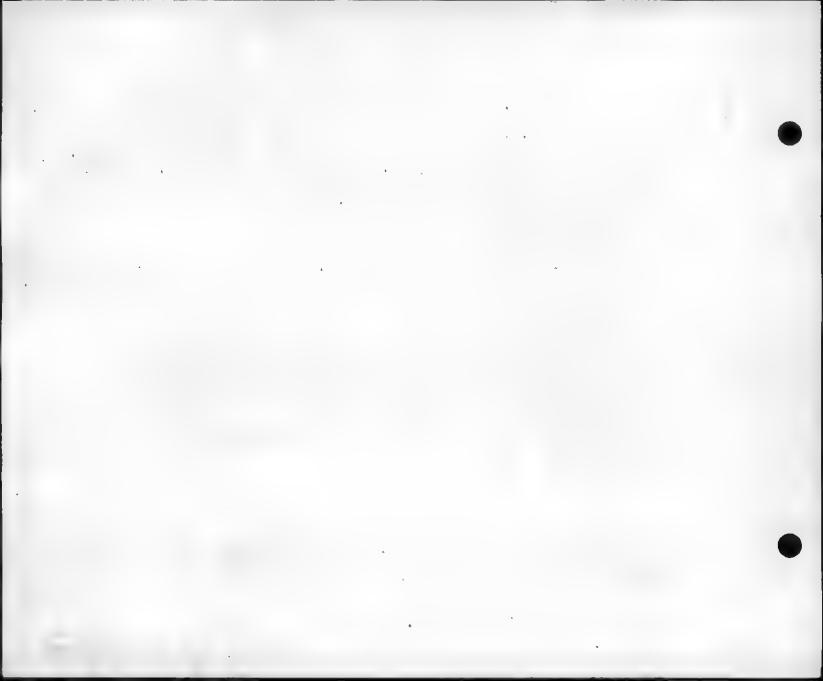
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signed by the attending physician and completely filled in by the build-transit permit. Then please remove carban papers. Page attending (this certificate has been USe Health by the hospital or ٥ detached director, page 3 should be detache should be filed with the State Dept. O FUNERAL DIRECTOR: After þe Page 4 may be retained 3 should

lost birthday) vurioi-iransir permir. Inen piease remave carban papers. Page burial, crematian, or remaval, and in any event, within 72 hours aft 70. BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH country) N MARRIED NEVER MARRIED WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12g USUAL OCCUPAT ON (Kind of work done 12b KIND OF BUSINESS OR give street address) during mast of warking life, even if retired) Retired 130 USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER 13b. COUNTY YES -NO DO Balto. Balto: 14. FATHERS NAME Middle Last IS. MOTHER'S MAIDEN NAME First Middle 16a, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Mallow Hill Road Yes, na, ar unknown) NO (If yes give war or dates of service) Malkemus Balto. . Md. 21229 216-01-2702 George 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS-A-CONSEQUENCE O Conditions, if any, which gave) nse to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART as the prior tak 19a, DATE OF OPERATION 195 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗍 NO [7] 210 ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) 216 TIME OF INJURY GR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M AT HOME, FARM STREET, FACTORY, 21F LOCATION Street of R.F.D. No. 21d INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State While Not while of work 22a. I certify that (1) (this-hospital) attended the deceased from CACA 16 19 6 and that in (my) (aur) opinion death occurred an the date and haur and fram the saw the deceased alive ancauses stated abave, (1) (we) (aid) (did not) view the bady after death 22b SIGNATURE 22c DATE SIGNED ATTENDING PHYS. DIRECTOR PHYS. PHYS CIAN 22e. ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION 23b. DATE 23d LOCATION (City or Fown) Burial (Specify) (Poughkeepsie, Rual N. 4-18-68 Funeral Directors, Balto., M FUNERAL DIRECTOR VR A15 (4) 30M REV 1/68



y 1		TATE DEPARTMENT OF HEALTH W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	tems 6, 14, & 15 MEDICAL EXAM		`)3
HEALTH DEPT.	DECEASED-NAME First Middle	e Lost 20 DATE KNOWN	Month Doy Year 25 HOUR
Page 15	THUMAS Lee	MALONEY OF ESTI-	
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	PRIMARY OR CONTRIBUTING X HOUR A.M. UNKP M 4/12		ar rain 2, here roy
	21d INJURY OCCURRED 21e PLACE OF N. LRY (At home, form, st		County State
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ry, ple eral di be reto RAL Di prior	SIGNATURE MUNICIPALITY	M.D. ASSISTANT MEDICAL EXAMINER X DEPUTY MEDICAL EXAMINER \(\square\)	22b DATE SIGNED 4/13/68
D DEPUTY necessary, p the funeral S may be re D FUNERAL Health prio	EXAMINER'S Werner U. Spitz, A	ADDRESS(Street, city, tawn, or county)	
01 = 20 = 20 = 20 = 20 = 20 = 20 = 20 =	PENOVALISMONIA	NE OF CEMETERY OR CREMATORY 23d LOCATION (City or To	own) (County) (State) Maryland
7.	FLNERAL DIRECTOR	ADDRESS 2Sa REC D BY REGISTRAR 2Sb R	REGISTRAR'S SIGNATURE
VR A15ME [5] 10M REV 1/68	John Burns' Sons, Towson, Ma	oryland DATAPR 17 1968 g	Charles Judge



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED NAME First Middle Last 20 DATE OF DEATH 2b HOUR ours after death and 2 (Type or print) April 68 Marion D. Malpass 3. SEX 4 RACE S DATE OF BIRTH 6 AGE (In years IF UNDER I YEAR F JNDER 24 HRS. lost birthday) White Male 4+10+1898 70 BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED [29] NEVER MARRIED country) USA DIVORCED [Baltimore WIDOWED within 72 remave carban paper N. Carolina filled 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 2g USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of wacking life, even if retired). INDUSTRY Deli Employed - Furniture Bus. Baltimore Nursing Home physician and completely en please remave carbar any event, 30 LSUAL RESIDENCE (Where deceased lived, if institution Residence before H3c, CTY OR TOWN 136 INSIDE CITY LIMITS? 13e STREET AND NUMBER requires that the death certificate be executed odmission). STATE //aryland Baltin 3807 Beech Avenae Balto 14 FATHER'S NAME First M.ddle Lost S MOTHER'S MAIDEN NAME First Lost and in Barry Wright Malpass Katie Pope 16b SOCIAL SECURITY NO 17 INFORMANT 160, WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) Hester Malpass-3807 Beech Avenue 213-03-5505 crematian, ar remaya 18. CAUSE OF DEATH (Enter only one cause per line for (b), (b), and (c)) PART ! DEATH WAS CAUSED BYIMMEDIATE CAUSE (o) RTEITIUS CLE TUTIC CU DISCRIE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave; burial-transit ase to immediate cause (a), signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse burial PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the has been 190. DATE OF OPERATION 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗍 NO 🔀 O FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) Ē DR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day (If either, natify medical examiner) be detached Dept. AT HOME, FARM, STREET, FACTORY, 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION Street at R.E.D. Na. City or Tawn County State While Nat while at work be retained by the and that in (my) (our) opinion death occurred an the date and hour and fram the plnous 22b. SIGNATURE 22c. DATE SIGNED MED. DIRECTOR director, page should be filed DEGREE 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type)1 NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a BURIAL, CREMATION 23b. DATE (State) (County) Burray (Specify) 4-8-68 Woodlawn Cemetery Baltimore, Maryland **ADDRESS** 24. FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR VR A15 (4). 30M REV. 1/68 Cllsworth Armacost 4600 Liberty Hights, Avenue DATE

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

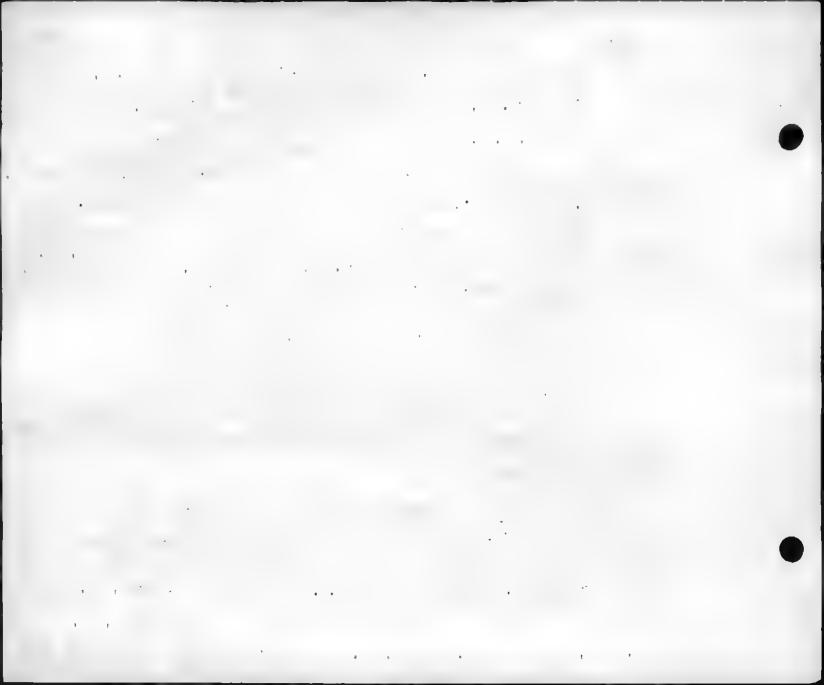
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201													
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14,	14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost Phillip Pusateri Rosaria Livolsi												
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RIF				YES NO 🕦			LA LA	USES OF DEAT	nr				
	216. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Its									Item 18.)			
MEDICAL	(if either, notify medical e	xominer)	P.M.	19									
W	21d. INJURY OCCURRED VALUE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County While at work										Si	tote	
		(this hospital	oftended the de	ceased from N	arch 3	0	18_ , to	april	16 . 191	58 , that	1(t) (w	e) last	
	22a. I certify that (1) (this hospital) oftended the deceased from March 30 , 1968 , to april 16 , 1968 , that (1) (we) las saw the deceased alive an April 16 , 1968 , and that in (mg) (aur) apinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death.											m the	
	226 DATE SIGNED												
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	22d PHYSICIAN'S NAME (Type)				22e AD		D.1 .	70	24.2	22 201			
		Yusup_Oh				0 York				21204			
230	BURIAL, CREMATION,	23b. DATE 4/20/6		WE OF CEMETERY OF			23d. LO	CATION (City o	,	(County)	(Stote)	
_		4/20/0	-	7 Redeeme	r ceme				more,				
24.	funeral director Leonard J. Ri	uck, Inc.	Ba lto.Mc	DRESS 21214		2So. REC'D BY	1 8	1968 ^{256.}	REGISTRAR'S	SIGNATURE STATE	ye.		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 havrs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and should be filled with the State Dept. af Health prior to burial, cremation, or removal, and in any event, within 72 hours atterded Page 4 may be retained by the haspital ar attending physician.

death

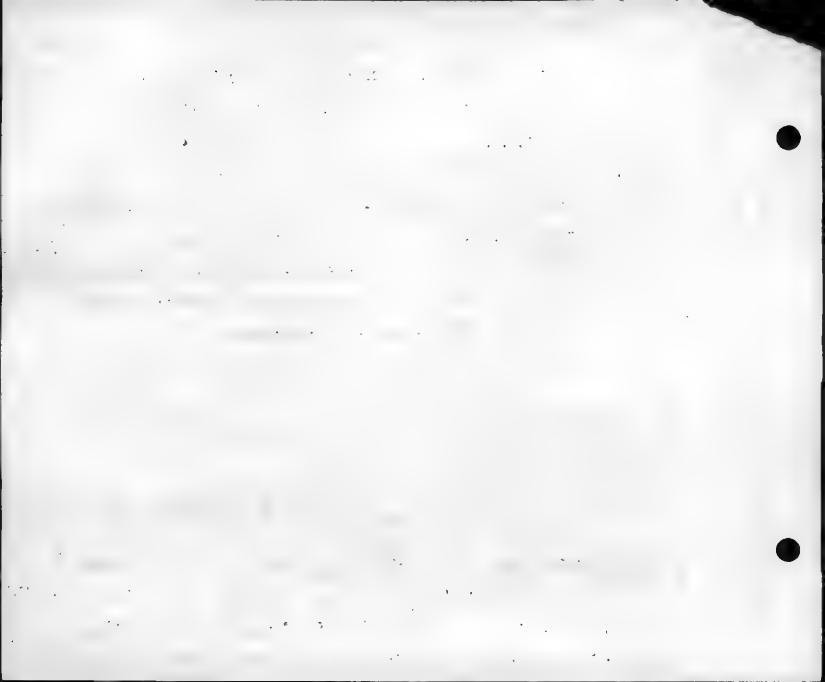
VR A15 (4) 30M REV 1/68_3





DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2b. HOUR 1 DECEASED-NAME 2n. DATE OF DEATH First requires that the death certificate be executed within 24 hours after death 30 (Type or print) Month N1/11/1900 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 3 SEX last birthday) mak and campletely filled in by To BIRTHPLACE (State or foreign 76. CITIZEN OF WHAT COUNTRY? NEVER MARRIED country p/tuppores DIVORCED [Warrenter 11 NAME OF HOSPITAL OR INSTITUTION (If not in bosnital 12a USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR 10 CITY OR TOWN OF DEATH Garrison give street address) during mast of warking life, even if retired t INDUSTRY Foyleigh or remaval, and in any event, 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before) 13e. STREET AND NUMBER 14. FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME First Williams 276-500 physician c please 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yes (60) ar unknown) [(If yes give war or dates of service) N.E. Wash.D.C Frederick B. Brown-APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) crematian, signed by the burial-transit p Conditions, if any, which gave) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the prior to has been 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19th. DATE OF OPERATION CAUSES OF DEATH? NO IV YES 🗍 O FUNERAL DIRECTOR: After this certificate 21g ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year P.M. (If either, not fy medical examiner) 23e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Town County State While Not while at work 220 | certify that (1) (this hospital) attended the deceased from 4 ... 19 6 ... to 20 ... to 17 19 6 ... that (1) (we) last saw the deceased alive an ... 19 6 ... and that in (my) (evr) opinion death occurred an the date and have and from the be retained director, page 3 shauld should be filed with the causes stated above, (1) (we) (did) (did not) view the body after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING MED. DIRECTOR STAFF PHYS. MAD DEGREE PHYS Page 4 may h 22a. ADDRESS 22d. PHYSICIAN'S NAME (Type) LEON 6715 PARIT 23c NAME OF CEMETERY OR CREMATORY 23b DATE 23d LOCATION (City or Town) (County) 230 BURIAL CREMATION BREMOYAL (Specify) 4/19/68 Lincoln Memortial Cemetery Sutland Maryland ADDRESS 24. FUNERAL DIRECTOR VR A15 (4)~ 30M REV, 1/68 Nutter Funeral Home -3035 W. North Ave.





25307

The law requires that the demth certificate be executed within 24 hours often death.

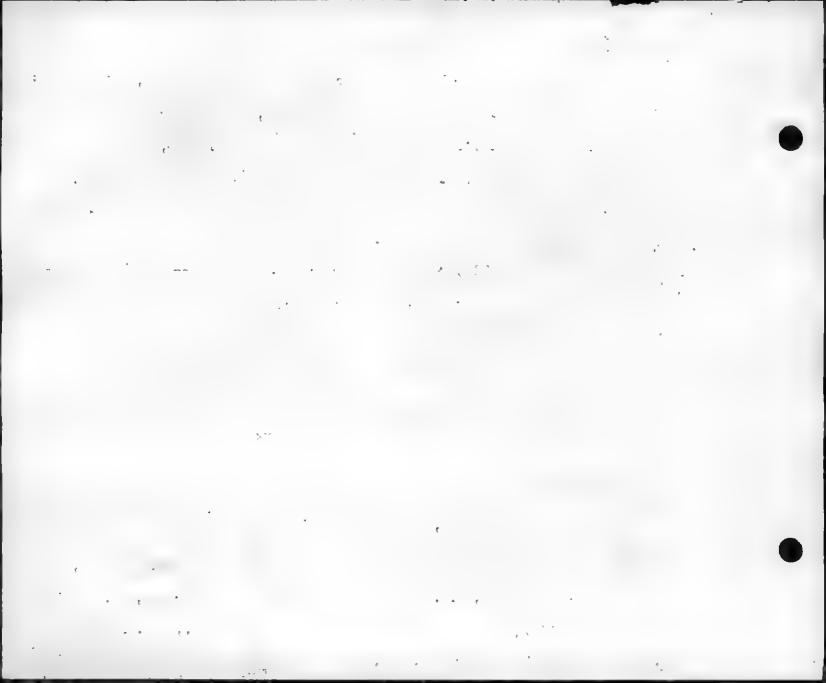
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

1.1.1

£ 1250		ECEASED NAME	First	Middle		Lost	20. DATE OF		V	2b HOUR P
9 / 8 8	(Ype or print) मि	RANK	JAMES	1	McMAHON	APRTT.	Month 28	1968	10:20
	3 51	X	4. RACE			DATE OF BIRTH		6. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
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haurs S. Haur	70	BIRTHPLACE (State or foreig	7b. CITIZEI	N OF WHAT COUNTRY?	8. MARRIED K	NEVER MARRIED	9 COUNTY OF	DEATH		
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with with with		TOWSON		give street address) ST. JOSEPH	HOSPITA	AI, SUI	ERVISO	life, even if retired. R) INDUSTRY	STEETS.
od v		USUA, RESIDENCE (Where ission) STATE	leceased lived, if	institution. Residence before	13c CITY OR TO	OWN 13d. INSIDE CITY		REET AND NUMBER		
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PIIVIII e hosp his cer etached Dept	-	White Not while at work	ZIE. PLACE UT I	NJURY (AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.	ZII LOCA	WION STREET OF K.F.D N	c. City	DI IOWN	COURTY	31016
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retaine retaine ECTOR: 3 shaul with th		22b SIGNATURE	-100	_		ATTENDING	MED.	STAFF	c. DATE SIGNED	
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age age	230	BUR, AL CREMATION, REMOVAL (Specify)	23b. DATE		CEMETERY OR CE	REMATORY		N (City or Town)	(County)	(Stote)
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VR A15 (4)-	T.	FUNDAL DIRECTOR	ANTEV	DIDIDATI		DATE .	MAY 9	1968	Clarica	Judge



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 10st M M AHON 20 DATE KNOWN X HEALTH DEPT. DECEASED NAME First M.ddie 25 HOUR Year (Type or Print) HARRIETTE ELIZABETH 19 DEATH MATED 4 RACE 6 AGE (In years IF UNDER 24 HRS DATE OF BIRTH 2c DATE PRONOUNCED DEAD 2d HOLR Female. White 11:445 7a BIRTHPLACE (State or foreign MARRIED NEVER MARRIED 9 COUNTY OF DEATH 7b CITIZEN OF WHAT COUNTRY? WIDDWED DIVORCED BALTIMORE Pages 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a JSUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR Office along with INDUSTRY during most of working life, exactly retired) Pikesville Randall Avenue TOUSE WITE-13d INSIDE CITY EINGTS? 13a USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c City OR TOWN 13e. STREET AND NUMBER admission) STATE 13b COUNTY Baltimore Pikesville 9 Randall Avenue Item] l and 2 after 14. FATHER 5 NAME First Middle IS MOTHER'S MAIDEN NAME Exominer's poges hours 160 WAS DECEASED EVER IN U.S. 16b. SOCIAL SECURITY NO 17. INFORMANT be executed within penci (Yes, no, or unknown) MRS. EDWAR <u>e</u> within 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) Poge 4 should be forworded to the Chief Medical PART I. DEATH WAS CAUSED BY pending IMMEDIATE (AUSE (a) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Canditions, if arry, which gave nse ta immediate cause (a) This certificate should writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause ≘ PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) o S nsed 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? NO F 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, tem 18) 2 a EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year 3 should MEDICAL PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH 21d ANJURY OCCURRED 21e PLACE OF INJURY (At hame, farm, street, 21f LOCATION Street or R F D No. City or Tawn Caunty State factory, affice building, etc.) **DIRECTOR:** Poge WHILE AT WORK AT WORK 22a I certify that I took charge of the remains described above, held an Autopsyll Inspection | Inquiry and in my apin on death resulted fram. Natural causes X Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL FUNERAL I 22b DATE SIGNED " ASSISTANT MED CAL EXAM-NER Werner U. Spitz, M.D DEPUTY MEDICAL EXAMINER April 10, 1968 Heolth NAME (Type ADDRESS(Street, city, tawn, or county) 50 BURIAL CREMATION, 23b, DATE NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) VR A15ME (5 DATE

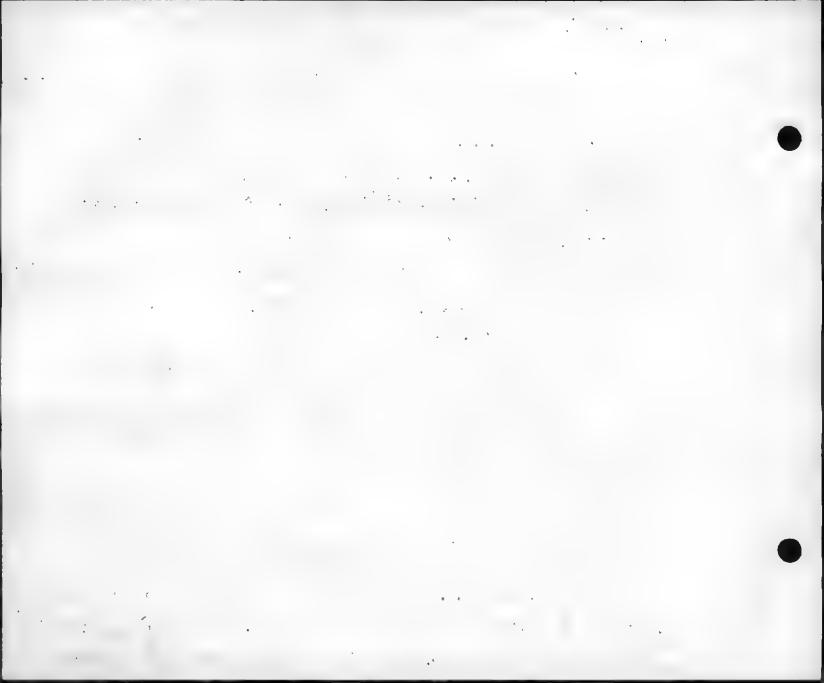


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Jid be executed ford "pending" is to Chief Medical al-transit permit.		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c)) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) CEREBRO VASCULAR ACCIDENT. DUE TO, OR AS A CONSEQUENCE OF Cond t ans, if any, which gave rise to immediate cause (a), (b) HIPERTENSIVE CARDIOVASCULAR D. SEVER DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF	APPROXIMATE INTERVAL BETWEIN ONSET AND DEATH
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EXAMINER. Ute the certigge 4 shaul your files. Your files, page 3 shaul tremation, cremation.	WE	21d. INJURY OCCURRED WHILE AT WORK AT WORK 21e. PLACE OF INJURY (At home, form, street, factory, affice building, etc.) 21f LOCATION Street or R FD No City or Town Comparison Comparison City or Town Comparison Compar	County State
o DEPUTY SICAL E. necessary, please execu the funeral director. Pag 5 may be retained far 0 FUNERAL DIRECTOR: P Health priar ta burial,		22a. I certify that I taak charge of the remains described above, held an Autapsy , Inspection , Inquiry , death resulted from. Natural causes , Accident , Suicide , Hamicide , Undetermined manner . ACTUAL SIGNATURE VILLE MAD ASSISTANT MED CAL EXAMINER . EXAMINER'S NAME (Type) WILLIAM A. P. LIETSURY ADDRESS (Street of M. Control County)	and in my apinial
5 + 2 - 1 ()	23 a	a BURIA_ CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (C by ar Town) (Co	ounty) (State)
VR AT 5ME (5)	24	Foul E Chanouett 3615 Chambers for DATE APR 23 1968 your	



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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TO HOSPITAL OR A Poge 4 may be repoge 4 may be reduced by director, page 3 should be filed w	ž		22d PHYSICIAN'S NAME (Type) Ine	s Cillia	ni. M.D.		22e ADDRESS 7620 Yor	k Rd.,	Towson,	Md.	, 212	04
O HOSPITAL Poge 4 moy O FUNERAL director, pa	all.	230	BUR AL, CREMATION , REMOVAL (Specify)	23b DATE	23c NAME OF	CEMETERY OR CR	EMATORY		N (City or Town)	,	(County)	(State)
5 5 5 s	D	770	FUNERAL DIRECTOR)	1921 24-	1968 St. PEA	ERS	ENETER A		25b REG STR			11/0.
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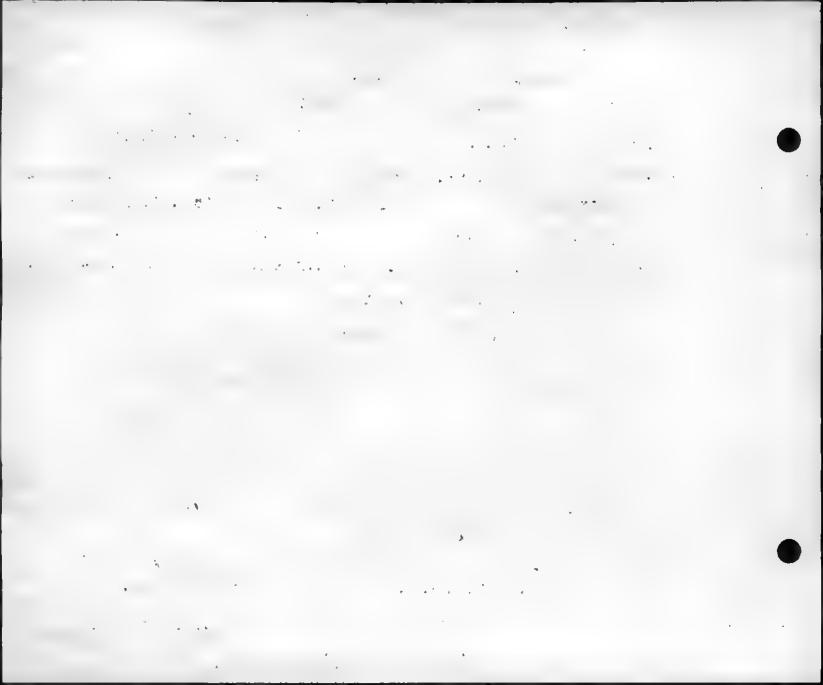


VR A15 (4) 30M REV 1/68

24. FUNERAL DIRECTOR

Collick Funeral Home 1/12 E. Preston St. Ballymore, Md.

Baltimore, Maryland



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

1. DECEASED-NAME First Middle Last 2a. DATE OF DEATH (Type or print) Manth 3. SEX 6. AGE (In years last birthday) Female 7a BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) WIDOWED I DIVORCED [10. CITY OR TOWN OF DEATH II. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 2a USUAL OCCUPATION (Kind of work done give street address) during most of working life, even if retired) SUMMIT 13g USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13g CITY OR TOWN 13d HISTOE CITY LIMITS? 13e STREET AND NUMBER YES First Middle Last IS, MOTHER'S MAIDEN NAME First 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT Yes, na, ar unknown) (If yes give war or dates of service) 18. CAUSE OF DEATH (Enter only one cause per line form(a), (b), and (c)) PART I DEATH WAS CAUSED BY: arcusan IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave nse ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 10megale 19th, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [2) a ACCIDENT WAS JNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBLTING CAUSE OF CEATH HOUR A.M. Manth Day Year P.M. (If either, natify medical examiner) (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R. F.D. No. 21d. INJURY OCCURRED 21e PLACE OF INJURY City or Town While Mat while at work at wark 22a. I certify that (I) (this bocontal) attended the deceased from (10 out) aprilian death occurred an the date and hour and from the causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b SIGNATURE 22c. DATF SIGNED **ATTENDING** DEGREE PHYS mes DIRECTOR 22d. PHYSICIAN'S 22e_ADDRESS NAME (Type) NAME OF CEMETERY, OR CREMATORY 23d LOCATION (City or Town) 23a BURJAL, CREMATION, 23b. DATE REMOVAL (Specify)

O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be filed v VR A15 (30M REV. 1/68

law requires that the death certificate be executed within 24 hours after death

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the attending physicion and completely t sit permit. Then pleose remove corbon

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24. FUNERAL DIRECTOR

REC'D BY REGISTRAR

2Sb REGISTRAR'S SIGNATURE

(County)

County

2b. HOUR

IF UNDER 24 HRS

HOURS

12b KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN DISET AND DEATH

State

(State)

IF UNDER 1 YEAR

INDUSTR

MONTHS



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH First Middle Lost 2o. DATE OF DEATH DECEASED NAME 25 HOUR (Type or print) Leonard HOWBED 3 SEX 6. AGE (In years IF UNDER I YEAR 4. RACE S. DATE OF BIRTH last birthday) HOURS To BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED MEVER MARRIED 9 COUNTY OF DEATH country) WIDOWED [DIVORCED [11. NAME OF HOSPITAL OR INSTITUTION (if not in hospital 120 USUA, OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 12b KIND OF BUSINESS OR give street address) during most of work(molife, even if retired.) · Wo us 13a LSUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 13b COUNTY IS MOTHER'S MAIDEN NAME First 14 FATHER'S NAME Middle Lost First Last Hower 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no for whknown) (If yes give war or dates of service) 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I DEATH WAS CAUSED BY tornoclerine IMMEDIATE CAUSE (a) Conditions, if any, which gove to renn rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) EREGICO VAICVLAR ATC. DENT. 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19c. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20c AUTOPSY? CAUSES OF DEATH? YES -NO F 2 a. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) / AT HOME, FARM, STREET, FACTORY, 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION Street or R F.D. No. County State City or Town While Not while at work 22a. I certify that (I) (this haspital) attended the deceased from _19 💇 , and that in (my) (our) apinian death accurred on the date and hour and from the saw the deceased alive on... couses stated above, (I) (we) (did) (did not) view the body after death. 22b SIGNATURE 22¢ DATE SIGNED, **ATTENDING** DEGREE PHYS DIRECTOR PHYS. 22d PHYSICIAN'S 22e. ADDRESS NAME (Type) LUIS J. ELIAS, M.D. 1701 Meridene Drive, Balto, Md. 21212 23d_LOCATION; (C'ty ar Tawn) 23a. BURIAL, CREMATION, REMOVAL (Specify)

O FUNERAL DIRECTOR: After director, page 3 should be filed v VR A15 (4)

that the death certificate be executed within 24 hours after death

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician.

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signed by the attending phy burial-transit permit. Then burial, crematian, or removal

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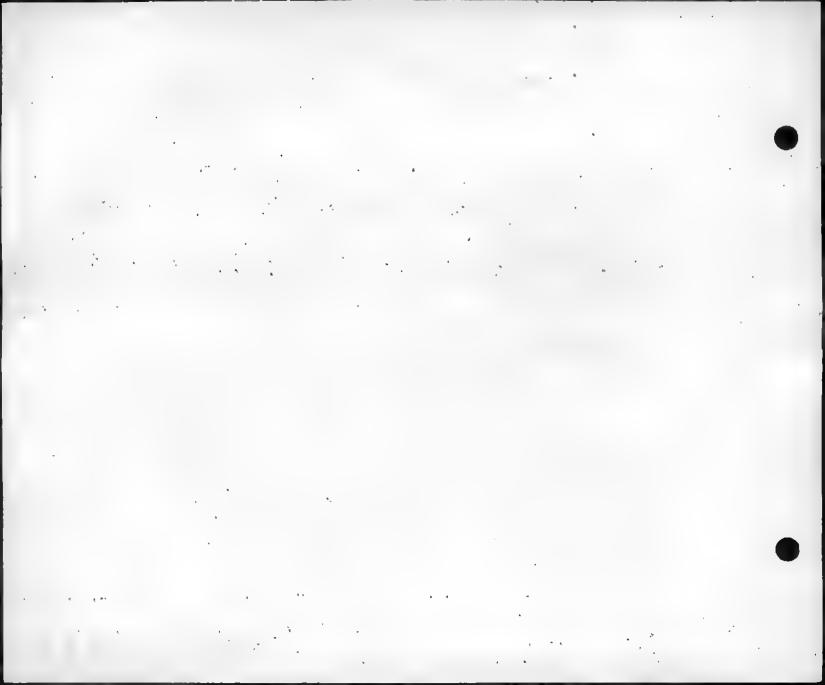
30M REV 1/68

24 FUNERAL DIRECTOR

DATE

2So. REC'D BY REGISTRAR

25b REGISTRAR S SIGNATURE



ADDRESS

Wm. Cook-Brooks West Inc. Balt. Md. 21228 DATE

24 FUNERAL DIRECTOR

VR A 5 (4)

30M REV 1/68

2So. REC'D BY REGISTRAR

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filted in the fundational director, page 3 should be detached for use as the butial-transit permit. Then please remaye carbon papers. Pages Lond 2 should be filed with the State Dept. of Health priar to butial, crematian, or remayal, and in any event, within 72 haurs after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs, with a

Page 4 moy be retained by the hospital ar attending physician.

VR A15 30M REV

death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

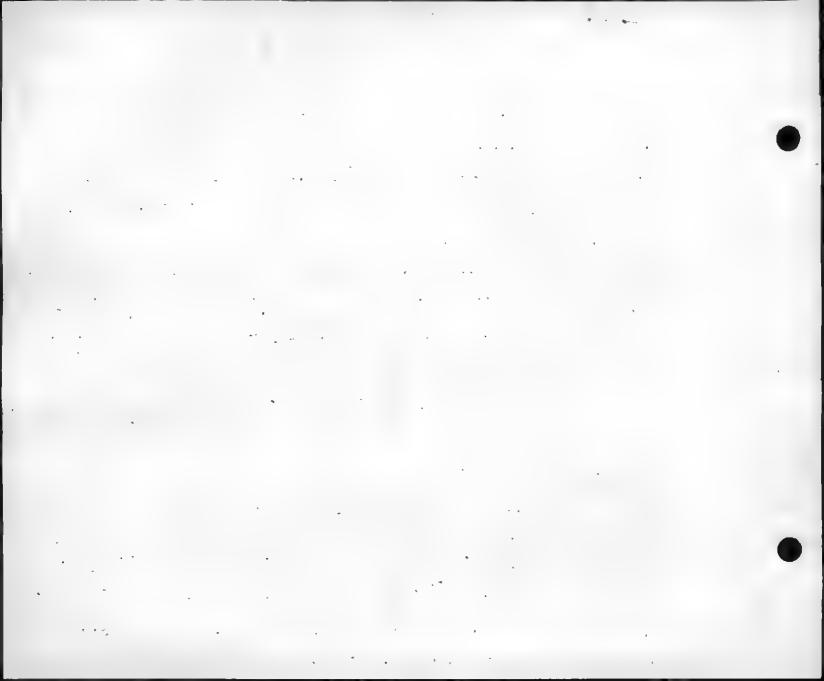
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ı	3 SE:	x 0 0	4 RACE			S. DATE OF BIRTH			6. AGE (In years	IF UNDER 1 YEAR	R IF UNDER 24 HRS
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ı		BIRTHPLACE (State or foreig	n 7b. CITIZEN	OF WHAT COUNTRY?	8. MARRIED	NEVER MARRIED		COUNTY OF	DEATH		
	COUR	s. Caroli	na U	.S.A.	WIDOWED			Baltin	nore		Md.
	10 C	ITY OR TOWN OF DEATH	1	11 NAME OF HOSPITAL OR	INSTITUTION (H				Kind of work den		OF BUSINESS OR
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χ	FICA	The brite of brieffing		TOTAL THE STATE OF		YES 🗀	NO 🗔		OF DEATH?		-
	CERT	210 ACCIDENT WAS UND	ERLYING 21b.	TIME OF INJURY	21c l	OW INJURY OCCURRE		nature of injury	r in Part 1 or Part	2, Item 18.)	
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		While Not while at wark		V OFFICE BUILDING, ETC.	1/	, , , , , , ,	> . (700	10/14	310	
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		saw the decea	sed alive on_	4-2	1960,01	nd that in (my) (v	opini	iển deoth o	cturred an the	date and hai	ur and fram the
			Dovec(!) (we	(did) (did not) view th	e body affer	death.		_	0.0	c. DATE SIGNED	
		22b. SIGNATURE	MA	Sail PAN	100 May	ATTENDING PHYS	MEI		STAFF - 1	1/9/68	
		22d. PHYSICIAN'S	500	0000	روال من	22e ADDRESS	and the	EEFOR L	PHYS LJ L	17 77 00	
		NAME (Type)T CH	ARD R.	RIGLER, M	D		Over	clea A	ve. Ba	alto 6	. Md.
	23a	BUR AL, CREMATION,	23b DATE	23c NAME (OF CEMETERY O				N (City or Tawn)	(yinto))	(State)
	200	REMOVAL (Specify)	4-11- 1			Faith Cene				Co.	¹'d.
1	24	FUNERAL DIRECTOR	The second of	ADDRE		212 2 1 250	REC D BY		8 2Sb REGUIRA		
	2	and the	40	Ponn MAID.	A R	DAT	APR	L 5 196	O A	1	0



VR A15 (4) 30M REV 1/68

ELROY WILSON

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1	۱ -	MARYLAND STATE DEPARTMENT OF HEALTH
* TOD STATE		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE) D	MEDICAL EXAMINER'S CERTIFICATE OF DEATH ECEASED-NAME First Middle Lost 20 DATE KNOWNED Month Day Year 12h HOLL
of ge to		Type or Print) FLIZ-43574 MARY MORRIS OF ESTI- DEATH MATED APR 10 1968
and	3. \$	EX TO A RACE S DATE OF BIRTH 6. AGE (in years last birryday) Months Days Mours Min Month PRIL Day Pear 1968 10 A
a de la companya de l		BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED 9 COUNTY OF DEATH
	caur	"Maryland USA WIDOWED DIVORCED BACKLINOTE
0 2 3		11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of warking life, even if retired.) 120. USUAL OCCUPATION (Kind of wark done during most of warking life, even if retired.) 120. USUAL OCCUPATION (Kind of wark done during most of warking life, even if retired.) 120. USUAL OCCUPATION (Kind of wark done during most of warking life, even if retired.) 120. USUAL OCCUPATION (Kind of wark done during most of warking life, even if retired.) 120. USUAL OCCUPATION (Kind of wark done during most of warking life, even if retired.)
Give ong the the		Ockeysville give street address) Padonia Road during most af varing life, even if retired.) INDVSTRY Home USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13a. MISSIDE CITY LIMITS? 13a STREET AND NUMBER
eft alo alo wit eot	1	drissiand STATE (White deceased the of this institution Residence of the while the state of the
hours Item 18 Office 1 and 2	14	FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle Last
24 in 1 in 1 irs (Frank Measley Elizabeth?
within 24 in pencl in Examiner's File pages in 72 hours	0	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (ps, na, ar unknawn) (If yes give war or dates of service)
l with per Exar Exar File	_/	A SOCIAL TE MITTER AT
		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART DEATH WAS CAUSED BY IMPEDIATE CAUSE OF DEATH IMPEDIATE CAUSE OF DEATH IMPEDIATE CAUSE OF DEATH
executed in manager in manager in permit, int within		DUE TO, OR AS A CONSEQUENCE OF
should be e		Conditions, if any, which gave) 40 TED10 Soc GOODE LARDING 135 COLUMN DISGRA
word word the Ch		rise to immediate cause (a), (C) — OUE TO, OR AS A CONSEQUENCE OF
shou the unia		(c)
d d d		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
trical ting ardiid d os	8	Y 2 7 ,
certifi orwar used movo	CERTIFICATION	19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED?
his e f e f se	ERTIF	YES NO 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
<u> </u>	N N	PRIMARY OR CONTRIBUTING HOUR A.M.
the certhe car the shoet t	MED	21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. Na. City or Town County State
EXAMINER: Je the certing of shoeld your files. Page 3 shou, cremotion,		WHILE NOT WHILE factory, affice build ng, etc.)
		22a. I certify that I took charge of the remains described above, held on Autopsy , Inspection , Inquiry , and in my apinto
rcal exector for the portion		deoth resulted from: Natural couses Accident , Suicide , Hamicide , Undetermined manner
irect oning		CHIEF MEDICAL EXAMINER
TY ple eral di		SIGNATURE VILLEBRECT MENTILE MD ASSISTANT MEDICAL EXAMINER 226 DATE SIGNED
o DEPUTY SICAL III necessory, pleose exective functal director ™ S may be retained for O FUNERAL DIRECTOR: Health prior to burial		EXAMINER'S WILLIAM A. PILLS BURY ADDRESS (Street, LAMAGE), Strainly 4 10 168
10 F	230	BURIAL (REMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State)
		Burial April 13, 1968 Dulaney Valley Memorial Cockeysville, Maryland
VR ALSME (SID)	24	FUNERAL DIRECTOR ADDRESS 250 RECT BY REGISTRAY S SIGNATURE
10M REV 1/68		John Burns Sons, Towson, Maryland DATE 15 1968 Liverles Judge



Pages 1 and 2

	110000		,	EKIIFI	CAIR OF DEATH		6.7	17 13 60 KI
	CEASED NAME Firs	t	Middle		Last	2a. DATE OF DEATH		2b HOUR
(1)	ype or print) RIT.	A	M.	M	ORRISON	April 26.	1968	2:05a
SE	X	4 RACE			S. DATE OF BIRTH	6. AGE (In years	F JNDER 1 YEAR	IF UNDER 24 HRS.
	Female	Whi	te		April 12.	last birthday) 55 YR	MONTHS DAYS	HOURS MIN
В	SIRTHPLACE (State ar fareign	76. CITIZEN OF WHA	T COUNTRY?	8 MARRIED		9. COUNTY OF DEATH		
oun	Haryland	0.3	5 A.	WIDOWED		Baltimore		Md
	ITY OR TOWN OF DEATH	give str	NE OF MOSPITAL OR INS get address)	,	during me	IL OCCUPATION (Kind of work done ast of working life, even if retired.	126. KIND O	F BUSINESS OR
	Towson USUAL RESIDENCE (Where dece		t. Joseph	HOSP:		OUSEWIFE MISS 13e STREET AND NUMBER		
	ssion) STATE Maryland	136 COUNTY	- E			□ 1609 Woodbo	urne Av	e. 21212
	ATHER'S NAME First	Middle	Last		IS MOTHER'S MAIDEN NAME F			Last
	Wm. E. Con	nolly			Mary Cat	therine Whelt	10	
60.	WAS DECEASED EVER IN U.S. A	RMED FORCES? 1	66 SOCIAL SECURITY N		INFORMANT	Address		
Ti	es, na pounknawn) (If yes give	war or dates of service)		1	Ars. Doris A	Anderson-Sist		
	18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE		far (a), (b), and (c).					XIMATE INTERVAL ONSET AND DEATH
- 1								
	1MMEE							
	Conditions, if any, which gave		Brain Tun	or				
	rise to immediate cause (a) stating the underlying causi	B110 00 00 10	A CONSEQUENCE OF					
	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTION	NG TO DEATH BUT NO	T RELATED	TO THE TERMINAL DISEASE ORC	ONDITION GIVEN IN PART 1(a)		
2	1							
CERTIFICATION	19a DATE OF OPERATION 19	b. CONDITION FOR WHIC	H OPERATION WAS PE	RFORMED	200 AUTOPSY?	206 IF YES, WERE FINDINGS	CONSIDERED IN	CERTIFYING
필	4-24-68	Brain Tu	mon		YES NO 🔀	CAUSES OF DEATH?		
CER.	21a. ACCIDENT WAS UNDERLY	ING 216 TIME OF I		21t		nature of injury in Part 1 or Part 2	2, Item 18.)	
MEDICAL	or contributing (ause of Di		Month Day Year					
MED	21d INJURY OCCURRED 21				LOCATION Street ar R.F.D. Na	City or Town	County	State
	While Nat while at work	10	WHILE BUHLDING, ETC.	- 1				
		his haspital) atter	nded the decease	d_frem_	April 21 , 19 6	08 , to April 26 1	9_68, tho	it (I) (we) las
	saw the deceased	alive an Apr	il 26 1	9 <u>68</u> , ai	nd that in (my) (our) api	ob, ta April 25 inion death occurred on the	date and haut	r and from the
	causes stated aba	ve, (I) (we) (did) (c	did nat) view the	ody affer	death.	7.0		
	22b. SIGNATURE	1 molora	n m.	D. DEC	ATTENDING M	IED STAFF	April 2	6.1968
	an a Dilyciclasis /	-		V. DEC	REE PHYS D	IRECTOR PHYS LA	Why II a	.012700
	22d. PHYSICIAN'S NAME (Type)	E AMBRAD.	M D			RD. Towson, Man	ruland 2	27 204
			23c NAME OF	ENETERY O		23d LOCATION (City or Town)		
250	BUR AL, CREMATION, 235 REMOVAL (Specify)	4/29/68				1	(County)	(State)
24			Anneecc	thedr	250 PECID R	Y REGISTRAR 256 REGISTRAS	2 S SIGNATURE	
Mi	FUNERAL DIRECTOR—Wied	lefeld Ho	me-6500	York		DD G A 1969	larles	Jugar

1968

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by we have a director, page 3 shauld be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 shauld be filled with the State Dept. of Health priar to burial, crematian, ar remayal, and in any event, within 72 haurs after death. 30M REV. 1/68

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

Page 4 may be retained by the haspital ar attending physician.



		,			AND WENT O	FHEALTH	
Ton				DIVISION OF VITAL RECORDS,			
	(IM)		05321		CERTIFICATE OF DEAT		9 4
	= ====		ECEASED-NAME First Type or print)	Midd.e	Last	2a. DATE OF DEATH	2b. HOUR
	r deat		ELWAR		MOULDS Sr.	Month Day	Y68 11:15A M
	Tooks after death Do the funeral S. Pages I and Phours after death	3 2	MALE	4 RACE NHITE	5. DATE OF BIRTH 9/10/94	6. AGE (In years lost birthday)	MONTHS DAYS HOURS MIN
	od in by ppers. Per pour	70. (OU	BIRTHPLACE (Stote or foreign	7b CITIZEN OF WHAT COUNTRY? U.S.A.	8. MARRIED NEVER MARRIED DIVORCED DIVORCED	9 COUNTY OF DEATH BALTIMORE COUNTY,	Md
	dy fillect page within		TY OR TOWN OF DEATH ORT HOWARD	11 NAME OF HOSPITAL OR INS DIVE street address) HOS	STITUTION (If not in haspital 12a L	ISUAL OCCUPATION (Kind of work done master working life, even if retired)	12b. KIND OF BUSINESS OR TRANSIT CO.
	unted v amplete ve carb event,	13a adm	USUAL RESIDENCE (Where deceasission) STATEMARYLAND	ed lived, if institution Residence before 13b. COUNTY		NO 1905 E. Ramble	
	requires that the death certificate be executed within 24-house after g physician. I signed by the attending physician and campletely filled in by the fur signed by the attending physician and campletely filled in by the fur shurial-transit permit. Then please remove carban papers. Pages I a burial, cremation, or removal, and in any event, within 72 hours after	14.	ATHER'S NAME First James	Middle Last Moulds	15. MOTHER'S MAIDEN NAN	First Middle Margaret	Martin
	inficate hysician n pleasi /al, and	160	WAS DECEASED EVER IN U.S. ARM	NED FORCES? The dote of service) 16b. SOCIAL SECURITY II 213 10 15		, VA HOSPITAL, FT I	HOWARD, MD.
	oth cert		18. CAUSE OF DEATH (Enter and PART 1. DEATH WAS CAUSED IMMEDIA	y ane cause per line far (a), (b), and (c). BY: INFARCTION () OF MYOCARDIUM WIT	H HEART BLOCK	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	he dec atter permi		4/09 Conditions, if any, which gave)	DUE TO, OR AS A CONSEQUENCE OF			
	that ton. by the consit		rise to immediate cause (a), stating the underlying cause	(b) ART ER TOSCHER	ROTIC CORONARY TH	KG/IDO3/IS	
	ysicic ysicic ned ial-tr ial, c	П	lost 4201	{c)			
	v required physical p	_	PART 2 OTHER SIGNIFICANT CON DIABETES MEI	IDITIONS CONTRIBUTING TO DEATH BUT NO LLTTUS	OT RELATED TO THE TERMINAL DISEASE	OR CONDITION GIVEN IN PART 1(a)	
	The law ratending attending has been se as the th priar to	CENTIFICATION	19g. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS PE		20b IF YES, WERE FINDINGS CO CAUSES OF DEATH?	ONSIDERED IN CERTIFYING
	vsician: aspital or certificate the far us	MEDICAL CE	21a ACCIDENT WAS UNDERLYIN ar contributing cause of Deat (if either, natify medical examin	H HOUR A.M. Month Day Year		inter nature of injury in Part 1 or Port 2, 11	tem 18.)
	O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burial-transhauld be filled with the State Dept. af Health priar ta burial, crea	ME	21d INJURY OCCURRED 21e. While Not while 1 at work at work	PLACE OF INJURY (AT HOME FARM, STREET FAC OFFICE BUILDING, ETC.		No. City or Town	County State
	DING by the After I be di State		22a. I certify that (t) (thi	is haspital) attended the decease	ed from 2/21/68 , 19	9, ta <u>ly/5/68, 19_</u> apinian death accurred an the dat	, that (9) (we) last
	TTEN ained TOR: TOR: Tould the	L	causes stated above	, (t) (we) (did) (dichrost) view the	bady after death.		
	OR A be ref DIRECT	L	22b. SIGNATURE	Palbert me	DEGREE PHYS.	MED. STAFF DIRECTOR PHYS. PL	LIVENED
	FRAL I		22d PHYS CIANS NAME (Type) JOHN	D. TALBERT, M. D.	220 ADDRESS VAH FOR	T HOWARD, MARYLAND	
	TO HOSPITAL OR ATTENDING PHY Page 4 may be retained by the h TO FUNERAL DIRECTOR: After this director, page 3 shauld be defacts, shauld be filed with the State Dep	23a	BURNIAS Pealy) 23b (CEMETERY OR CREMATORY WN CEMETERY	23d LOCATION (City or Town) BALTIMORE, MAR	(County) (State) YLAND
	VR A 5 KB	24.	FUNERAL DIRECTOR	LILLY &	ZEILER FUNERAL	D BY REGISTRAR 256. REGISTRAR S	S GNATHEF
	1/1/			TA COLON	AVE & WOTER SEC	THE STATE OF THE S	1 0



funeral

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 21 haurs after death

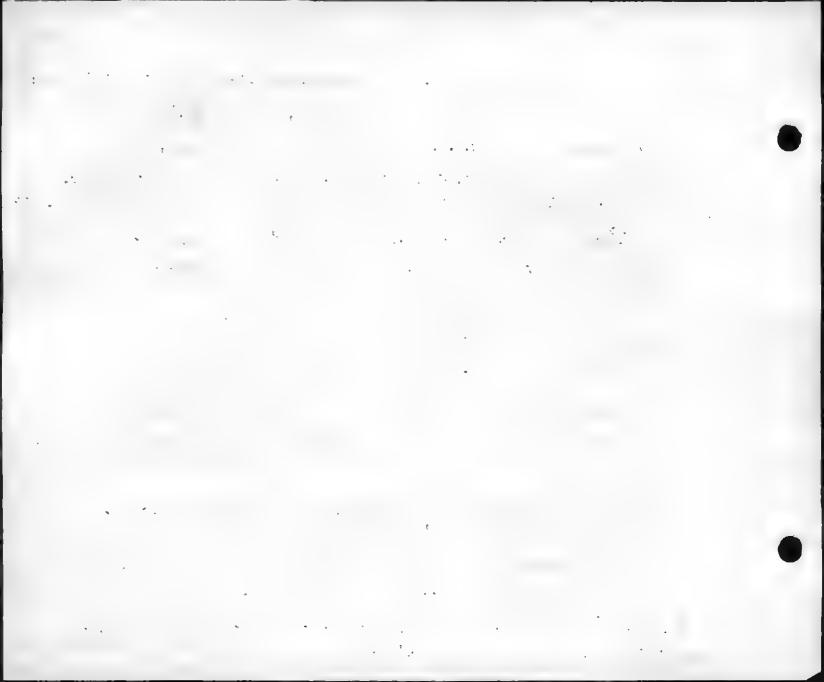
IO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by director, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. A should be filled with the State Dept. of Health priar ta burial, cremation, ar remaval, and in any event, within 72 hbur

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

05324 CERTIFICATE OF DEATH

	20. DATE OF DEATH 2b. HOUR T
(Type or print) JAMES J. MULHER	RAN SR APRIL Month 22 Doy 1968 10:25
3. SEX 4. RACE S. DATE OF	
MALE WHITE JULY	28. 1894 73 YRS.
70. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED X NEVER M.	
WEST VIRGINIA U.S.A. WIDOWED DIV	ORCED BALTIMORE, Md.
CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	120 USUAL OCCUPATION (Kind of work done during most of working life, even three red.) INDUSTRY
TOWSON ST. JOSEPH HOSPITAL	SAIPHNG DEFT BETH. STEEL
3g. USUAL RESIDENCE (Where deceased lived, if institution: Residence before disc. CITY OR TOWN dmission) STATE MARYLAND 13b COUNTILITIES DUNDALK	YES NOX 3424 SOLLERS POINT RD. #22
	MAIDEN NAME First Middle Lost
GEORGE MULHERAN	JUNA IN DUNALLY
160 WAS DECEASED EVER IN . S. ARMED FORCES? 166. SOCIAL SECURITY NO 17 INFORMANT Yes, profor unknown) 1st yes, profor unknown) 1st yes, profor unknown) 1st yes, profor unknown) 1st yes, proformant 1st yes,	MCG. MULHERAN # 15
18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Heart failure	
DUE TO, OR AS A CONSEQUENCE OF	
(b) Pulmonary fibrosis	
stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
lost (c) Emphysema	
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMIN	NAL DISEASE OR CONDITION GIVEN IN PART 1(0)
190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AU YES [210. ACCIDENT WAS UNDERLYING 1216. TIME OF INJURY 216. HOW INJURY 2	TOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
YES (CAUSES OF BEATHS
	OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.)
GOR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If e ther, notify medical examiner) P.M. 21d INTURY OF CHERED 21e PLACE OF INTURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION ST	
S OLD WHILD OCCUPANT BY BLACK OF HUMBY 13 HOME COM CONT. CATANAL CO.	reet or R.F.D. No. City or Town County State
While Not while of work OFFICE BUILDING, ETC.	22 , 19 68 , to 4pril 22 19 68 , that (I) (we) last
While at work of work of work (I) (this haspital) attended the deceased from APRIL saw the deceased give an APRIL 22. 19 68, and that in (_22_, 19_68_, ta_ <u>April</u> _22_19_68_, that (I) (we) last my) (aur) apinian death accurred an the date and haur and fram the
While at work of wark 22a. I certify that (I) (this haspital) attended the deceased from APRIL saw the deceased alive an APRIL 22, 19 68, and that in (causes stated abave, (I) (we) (did) (did nat) view the body after death.	22c DATE SIGNED
While Not while of work OFFICE BUILDING, ETC. 22a. I certify that (I) (this haspital) attended the deceased from APRIL saw the deceased alive an APRIL 22, 19 68, and that in (causes stated abave, (I) (we) (did) (did nat) view the body after death.	22c DATE SIGNED
While at work of work	DING MED. STAFF April 23, 1968
While of work of wark of work	DING MED. STAFF April 23, 1968 DDRESS 20 York Rd., Towson, Md. 21204
While of work of work of work of work of causes stated abave, (I) (we) (did) (did nat) view the body after death. 22a. I certify that (I) (this haspital) attended the deceased from APRIL saw the deceased alive an APRIL 22, 19 68, and that in (causes stated abave, (I) (we) (did) (did nat) view the body after death. 22b. SIGNATURE 22c. PHYSICIAN'S DEGREE PHYS 22d. PHYSICIAN'S NAME (Type) Jose Nepomuceno, M.D. 22e Al 766	DING MED. STAFF April 23, 1968 DDRESS 20 York Rd., Towson, Md. 21204 23d. LOCATION (City or Town) (Caunty) / (Stote)
While of work	DING MED. STAFF April 23, 1968 DDRESS 20 York Rd., Towson, Md. 21204 23d. LOCATION (City or Town) (Caunty) / (Stote)



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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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- 1					LKIII ICAIL OI	DEMIII				
	DECEASED (Type or		first Clarence	Middle B.	Mumford		20. DATE OF DEA	Month Doy	1968	30: 105R
	3. SEX	le	4 RACE White		S. DATE OF E Apr:	BIRTH il 17, 1	6	AGE (In years ast birthogy) BLI YRS	IF UNDER ' YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN
	70 BIRTHPL country)	ACE (State or foreign Md •	76 CITIZEN OF WHAT U. S.	COUNTRY?	8. MARRIED NEVER MA WIDOWED DIVO	KKIEDIA	county of DE Altimore	ATH		M
		nsville	ove stree	t address)	STATE HOSP.		OCCUPATION (Kir t of work ng life, 'Man		INDUSTRY	BUSINESS OR
	130 USJAŁ odmission)		eceased fived, if institution 13b. COUNTY Cec	Residence before	isc city or town Chesapeake	YES NO [AND NUMBER		
	14 FATHER	NAME First Beniamin	Middle	Lost NUMFOR		NAIDEN NAME Firs	it E.	Meddle	No	Lost INFO
		ECEASED EVER IN U.S	ARMED FORCES? 16	SOCIAL SECURITY NO	17 INFORMANT		GROTE	Address STATE HOS		211.0
	Condi- rise to stotin- last.	nons, if ony, which go immed ate couse go the underlying co	DUE TO, OR AS A		T RELATED TO THE TERMIN	AL DISEASE ORCO	NDITION GIVEN IN	PART 1(o)		
	8 4	ATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PER	FORMED 20a. AUT		20b IF YES CAUSES OF	, WERE FINDINGS C DEATH?	ONSIDERED IN C	ERTIFYING
	OR (If pit)	CCIDENT WAS UNDECONTRIBUTING CAUSE OF THE COLOR OF THE CO	P.M. HOUR A.M. A cominer) P.M.	Month Doy Year 19 HOME, FARM, STREET, FACTO	21c HOW INJURY OF		noture of injury in		Item 18.)	Stote
		Not while	(this haspital) attended alive an debaye, (1) (www.) (did), (did)	ICE BUILDING, ETC.	,	6 , 19 6	L, to H	y y y , 19	C.C. tha	t (I) (we) lo
	22b. S	causes stated a	bave, (I) (we) (did) (did)	Hot) view the b	ady after death. DEGREE PHYS.	ING MEI	D [5]	AFF 22c/	DATE SIGNED	P
		HYS CIAN S NAME (Type)	Dev Fi	shev t		Dalti	more, M	STATE/HO		4
)	BREMO	VAL (Specify)	23b. DATE 4-25-68	BETI	EMETERY OR CREMATORY			PERME		(State) EE/L N
3	PIPI	AL DIRECTOR	ERAL HON	DORESS	ELKTON, MI	250. REC'D BY		256 REGISTRAR S	SIGNATURE	Judge

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages hould be filed with the State Dept of Health prior to burial, cremotian, or removal, and an ony event, within 72 hours of the still of the state Dept of Health prior to burial, cremation, or remayal, and an ony event, within 72 hours of the still of the state Dept TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hays Page 4 may be retained by the hospital or ottending physician.



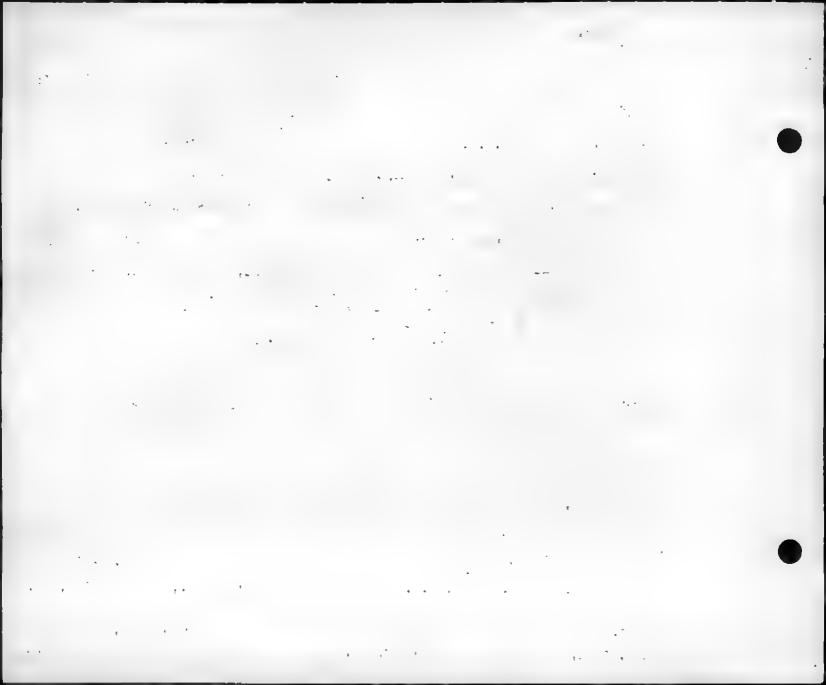
25 324 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

М					(EK[IFI	CAIE OF	DEATH					20
ŀ	. DE	CEASED-NAME	First		M.ddle		Lost		20. DATE OF	DEATH			2b. HOUR 70
	(T	ype ar print) Mic	hel	9	Lee	I	VEHRKOR	N		Month D	25	Yagr 68	5:35 ^M
	SE	X		4 RACE			S. DATE OF B	RTH		6. AGE (In years		NDER I YEAR	IF UNDER 24 HRS
Н		Female		\	Mite		3/	30/60		last birthday) YR	MONT	IHS DATS	HOURS MIN
	o. 8	IRTHPLACE (State or foreign	71	. CITIZEN OF WHA	AT COUNTRY?	8 MARRIED	NEVER MAR	RIED	9 COUNTY OF	DEATH			
1	COUN	Maryland		U.S.	Α.	WIDOWED		RCED 🗍	Bal	timore			Md
	O. C	TY OR TOWN OF DEATH Owings Mills		11 NA give s	ME OF HOSPITAL OR INStreet address)	tate	nat in haspital			(Kind of work done life, even if retired dent		26 KIND OF NDUSTRY	BUSINESS OR none
ŀ				lived if institution	an. Residence before			13d. INSIDE CITY DI		REET AND NUMBER			110410
ŀ		MaryLa	nd	Ball	Limore	Halt.	rmore			5 Roberts	Av	enue	
ı	4 F	ATHER) NAME FIRST		Middle	Lost		IS. MOTHER'S M			Middle		_	Last
		Rober		Leroy				Ba	ırbara	Berni	ce	В	right
1		WAS DECEASED EVER IN U.S.		FORCES?	166. SOCIAL SECURITY N		INFORMANT	_		Address		_	
		es, no, ar unknown) (If yes	_		none	R	boowsac	Record	ls, Owi	ngs Mills	, M:	aryla	nd
		18. CAUSE OF DEATH (Enter PART & DEATH WAS CA		. /			Bloto	()	nent	-0 3	-	BETWEEN O	HSET AND DEATH
		11240	MEDIATE	CAUSE (o)			Or. a Car	<u>u</u> //	revort.		- +		/~~
1		Canditions, if any, which a	ave J		S A CONSEQUENCE OF	in	C1. EL.	d.	,			70	100
-1		rise to immediate cause	(a),{		S A CONSEQUENCE OF	110	26/10/1	uney					// 3.
1		stating the underlying co	USB	(E)	3 A CONSEQUENCE OF			U					
1		PART 2 OTHER SIGNIFICANT		,/		1	2 /	A 1	1	/ /			
١	NO.	Fuecala !	100 (0	HAN OR HAN	CH OPERATION WAS PE	DECEMBED	20a. AUTO	Cereb	MCCK /	VES, WERE FINDINGS	CONSIL	DEPEN IN C	ERTIEVING.
	CERTIFICATION	196 DATE OF OPERATION	130. (0	NUTION FOR WITH	CH OPERATION WAS FE	Krykmed	YES Z			OF DEATH?		DERED IN C	LKTIF HISO
1		210 ACCIDENT WAS UNDER		216 TIME OF HOUR A.M.		216	HOW INJURY OC	CURRED (Enter	noture of inju	ry in Part I or Port	2, Item	18)	
	D.CAL	or contributing (CAUSE Of the either, notify medical expenses)	xaminer) P.M.	19								
1	MED.	21d INJURY OCCURRED While	21e. Pl	ACE OF INJURY (AT HOME, FARM, STREET FAC OFFICE BUILDING, ETC.	TORY.) 215.	LOCATION Stre	et ar R.F.D. No.	City	or Town	Co	unly	State
1		nt work of work											
1		220. I certify that (1)	this	haspitol) or e	nded the decease	ed from_	6/2	30 () 19 <u>-</u> 6	<u>56</u> , to	4/22	968	, that	刘) (we) last
1		rouses states of	rd altv Save l	Myll (we) (did)	didnst) view the	body after	na mar in (11 r death.	ry) (our) opi	nion deoin	occurred on the	аоте о	na nour	ona from the
- 1		22b. SIGNATURE	/	/ (we)/(day)		body direc				22	c DATE	SIGNED	
1		Archa	IN	100	and I	DEC	GREE PHYS	NG D	IRECTOR	STAFF PHYS.	4/	23/68	3
		22d PHYSICIAN'S NAME (Type) R1	cha		ones, M.D.		22e. ADI Rose	wood St	tate Ho	sp., Owin	ıgs	Mills	, Md.
1	22-	BURIAL CREMATION,	23b. DA	1	23c NAME OF	CEMETERY O				ON (City or Tawn)		ounty)	(Stote)
	∡3Q.	REMOVAL (Specify)		5/68 U	1		1 Cemet	erv	200 LOCKII	Baltimo:	,	47	, ,
1	24.	FUNERAL DIRECTOR	716		ADDRESS	71. 7	()	2So. REC'D B		2Sb REGISTRA	R S SIGN	NATURE	/)
	Jo	funeral director ohn J. Duda,	792	22 Wise	Ave. Dunda	alk, N	ld.		PR 2 5	1968 /	Cha	wes,	udge

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages mend should be filed with the State Dept, at Health prior to burial, crematian, ar removal, and in any event, within 72 haurs after death VR A15 (N) 30M REV. 1/68

TO MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital or attending physician.



00325

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

1 00	CEASED-NAME	First		Middle		Last	20	DATE OF DEATH			2b. HOURA	
	ype or print)	LEO	R	BERT	1	VESS		oril Month	2 Pay	1968	11:45	
3 SE	Y	0.00	4, RACE	NOTAL LE		. DATE OF BIRTH		6 AGE (In ye	anrs	IF UNCER 1 YEAR	IF UNDER 24 HRS.	
	Male		Whit	te	ľ	May 22 19	17	lost bythda	YRS.	MONTHS DAYS	HOURS MIN	
	SIRTHPLACE (Stote	or foreign	7b. CITIZEN OF WH	AT COUNTRY?	8 MARRIED	NEVER MARRIED	9. CO	UNTY OF DEATH				
เฉเก	Mary]	and	U.S.A.		WIDOWED [DIVORCED K	Ва	ltimore			Md	
	Try or town of the Fort How		11. NA give st	ME OF HOSPITAL OR IN reet oddress) CCTANS AC	STITUTION (If not imi ni sti	n hospital 12a derin		UPATION (Kind of world working life, even if re		126 KIND OF INDUSTRY Publi	BUSINESS OR LC Trsp.	
13a. admi	usual residence ission) STATE Ma	(Where deceasery Land		n Residence before	13c, CITY OR T			13e. STREET AND NUM 241 Main				
	FATHER'S NAME	First	Middle	Lost	15.	MOTHER'S MAIDEN NAM	ME First	M	ıddle		Lost	
	J	acob	B.	Ness		Agne	es :			Wal	sh	
	WAS DECEASED EV	ER IN US ARN	ED FORCES? progradates of service)	214 12 O		ormant inical Red	ls. V	Ad Hospital,	dress	t Howa	rd. Md.	
		ATH (Enter on	y one couse per lin	e for (o), (b), ond (c))					APPROX	MATE INTERVAL INSET AND DEATH	
	Candit ans, if any		Years	3								
	stating the unde		DUE TO, OR A	A CONSEQUENCE OF								
	PART 2. OTHER S	GNIFICANT CON	DITIONS CONTRIBUT	ING TO DEATH BUT N	OT RELATED TO	THE TERMINAL DISEASE	OR CONDIT	ION GIVEN IN PART 1(a)				
CERTIFICATION	190. DATE OF OPER	ATION 19b.	CONDITION FOR WHI	IICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b IF YES, WERE FINDING CAUSES OF DEATH?						GS CONSIDERED IN CERTIFYING		
MEDICAL CER	21c. ACCIDENT W OR CONTRIBUTING	CAUSE OF OEAT	HOUR A.M.	INJURY Month Doy Year		V INJURY OCCURRED ((Enter notu	re of injury in Part 1 or	Part 2, It	tem 18.)		
	21d INJURY OCC While Not w at work at wo	JRRED 21e	PLACE OF INTERY /			ATION Street or R.F.D	No.'	City or Town		County	Stote	
	22a. I certify	that (1) (the	s hospitol) ofte ive an <u>Apr</u> , (I) (we) (did) (nded the deceos i 1 24 did nat) view the	ed from M 19 68, and body after de	arch 18_, 1 that in (my) (our) eath.	opinian	, taApril_ 2 death occurred an	<u>24,</u> 19_ the dat	te and haur	(f) (we) lost and from the	
	22b SIGNATURE	2.5	alber	T me	9. DEGRE	£ 111 D.	MED. DIRECTO	OR STAFF PHYS.	1	PATE SIGNED 24/68		
	22d. PHYSICIAN'S NAME (Type)	т ъ	MAT DEVICE	J		VA Hospi	tal.	Fort Howan	rd. N	Marvlan	ď	
22.5	BURIAL, CREMATIC		TALBERT		CEMETERY OR C			LOCATION (City or Toy		((ounty)	(State)	
230.	REMOVAL (Spacify	Ap	ril 27,6		een Men			eisterstow		, ,,	, ,	
24	FUNERAL DIRECTOR			ADDRESS	neral F	ome 250. AT			ICEDAD C	SIGNATURE SEASON	76	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the feneral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. af Health priar to burial, crematian, ar removal, and in any event, within 72 haurs after death. VR A15 (4) 30M REV 1/1

TO NUMBITAL OR ATTINDING PHYSICEN; The law requires that the death certificate be executed within 24 hadractive

Pagm 4 may be retained by the hospital wr attending physician.



	MARYLAND STATE DEPARTMENT OF HEALTH Division of vital records, 301 w. Preston Street, Baltimore, Maryland 21201	
) _N
. 65	Items 5 &6 Film G399 4/22/68 kk CERTIFICATE OF DEATH DECEASED NAME First Middle Lost 2a DATE OF DEATH	26. HOUR A
中 最	(Type or print) Month Day Years	M.C:OF
er de	CEV 14 PACE 15 DATE 15	NDER 24 HRS.
4 e e		LRS MIN,
hours hours	BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED (X) NEVER MARRIED (7) 9. COUNTY OF DEATH	
See Single	Maryland U.S.A. WIDOWED DIVORCED Baltimore	Md
sithin 2 ly fillection page	CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (if not in haspital during most of working life, even if retired.) Towson 12 USJAL OCCUPATION (Kind of work done during most of working life, even if retired.) 13 NAME OF HOSPITAL OR INSTITUTION (if not in haspital during most of working life, even if retired.) 14 INDUSTRY	NESS OR
ne executed with and campletely remove carbon in any event, with	a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13a INSIDE CITY UMITS? 13e STREET AND NUMBER 2821 Maryland 13b COUNTY Baltimore YES 2 NO 2821 Mayfield Ave. 21	213
and contraction and contractin and contraction and contraction and contraction and contraction	I. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lo	ast
n ar	Harry V. Baker Lillian Harris	
rtificate be physician c en please aval, and ii	Yes, na, ar unknawn) (It yes give war or doles of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT George Neukam, husband, above	
e Teath ce attending permit. Th an, ar rem	1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF	
requires that the physician. signed by the burial-transit purial cremati	(anditrions, if any, which gave) Inse to immediate cause (a). Stating the underlying cause (b) Pelvic abscess DUE TO, OR AS A CONSEQUENCE OF	
ires ysici ned rial-t	ks: (c) Perforated urinary bladder	
law required to the phase of th	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
The law re attending has been ise as the th prior ta	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200, AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIF CAUSES OF DEATH? 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 1216 HOW INJURY OCCURRED (Finer paties of injury in Part 1 or Part 2 from 18.)	YING
YSICIAN: aspital ar certificate hed far u	21a ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B) To a ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B) To a ACCIDENT WAS UNDERLYING 21b TIME OF INJURY AM Month Day Year (If either, natify medical examiner) P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY ALTHOME, FARM STREET FACTORY, 1 21f 10(ATION Street or R.F.D. No. (ity or Town County)	
5 8 9 9 4 €	21d. IN.JRY OCCURRED While Nat while at wark 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f. 10CATION Street or R.F.D. No. City or Town County	State
TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspital ar TO FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached far u shauld be filed with the State Dept. af Heal	22a. I certify that 19 (this haspital) attended the deceased from April 1, 1900, ta April 6, 1900, that ps saw the deceased above on April 6, 1900, and that in (niv) (aur) apinian death accurred an the date and haur and causes stated above 19 (we) (did) (223-261) view the bady after death.	(we) last fram the
OR ATTENIED be retained DIRECTOR: 9 ge 3 shauld led with the	22b. SIGNATURE ATTENDING MED. STAFF W 4/7/68	
O HOSPITAL Page 4 may O FUNERAL I director, pag shauld be fill	22d. PHYSICIAN'S NAME (Type) Reynaldo Orjuela-Gomes, M.D. 22e ADDRESS 7620 York Rd.	
Page of Fulk	REMOVAL (Specify) 4/10/68 Holy Redeemer Cemetery Baltimore, Md.	itate)
VR A15 (4) 30M REV 1/68	Schimunek Funeral Home, 1998. 3331 Brehms Lane 250. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE DATE APR 10 1968	ge



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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

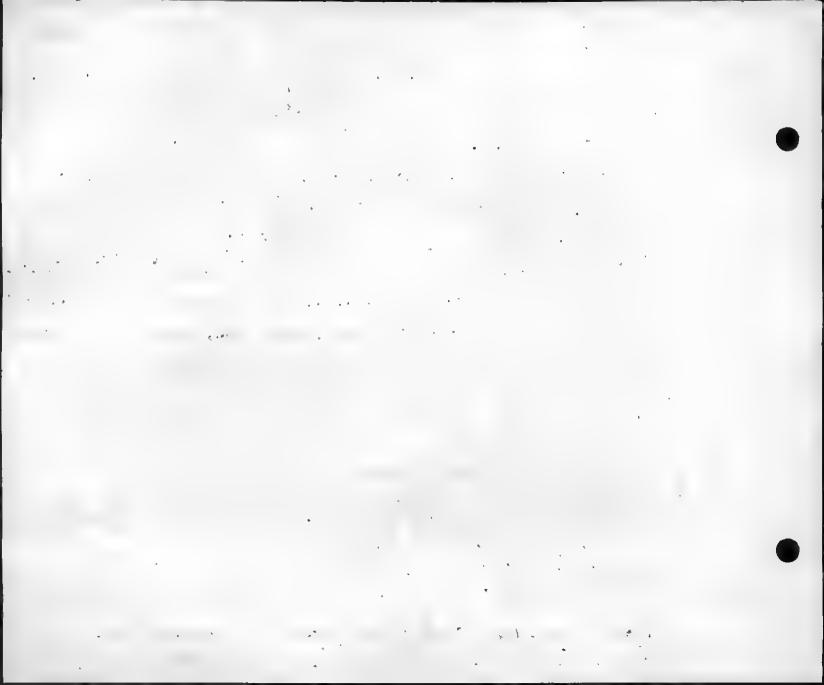
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				AIL OI DEAL	**						
DECEASED NAME	First	Middle		Lost	20	DATE OF DEATH	Dav.	V	26 HOUR		
(Type or print)	Robert	I.	Nevi			Aprilih	15,	1988	a.		
SEX	4 RACE			S. DATE OF BIRTH/ 9		6 AGE (In ye		IF UNDER ' YEAR HONTHS GAYS	SF UNDER 24 HRS.		
male	whi			Feb. ×9,		MGC 75	YRS.	IONIII WATS) doks with		
BIRTHPLACE (State of punitry)	foreign 7b CITIZEN OF WI	AT COUNTRY?	MARRIED [* NEVER MARRIED	9. CO	UNTY OF DEATH					
Mary	land U. S		MIDOMED [altimor•			М		
o city or town of bi Catons	· ¬ ¬ que s	ME OF HOSPITAL OR INSTI treet oddress) 'RING_GROVE	,	dune		UPATION (Kind of worl working life, even if re		12b KIND OF INDUSTRY real e	BUSINESS OR		
30 USUAL RESIDENCE (" odmission) STATE	Where deceased lived if institut		3c CITY OR		NO [13e STREET AND NUM 30 Elm Sti					
14. FATHER S NAME	First Middle	Lost	15.	MOTHER'S MAIDEN NA	ME First	M	iddle		Lost		
Rober	t I. Nevitt			Annie Sch	nribn	er					
160. WAS DECEASED EVE Yes, no, or unknown)	R IN U.S. ARMED FORCES? (Hyes give wor or gates of service) 17-791-563	16b SOCIAL SECURITY NO		FORMANT Mario	n G.	Nevitt Me	7820 (E HOS	PITAL	3.5.Mc		
	ATH (Enter only one couse per lin	e for (o), (b), ond (c)) uptured a						BETWEEN O	MATE NTERVAL DINSET AND DEATH OCIETA		
Conditions if ony, rise to immediate stating the under	which gove (b) A1	S A CONSEQUENCE OF CONSEQUENCE OF	erosi	s, gener	aliz	ed,senile		20 ;	years		
lost	(c)										
PART 2. OTHER SIG	NIFICANT CONDITIONS CONTRIBU	ING TO DEATH BUT NOT	RELATED TO	THE TERMINAL DISEASE	ORCONDIT	ION GIVEN IN PART 1(0)					
NO F											
190 DATE OF OPERA	TION 19b. CONDITION FOR WH	CH OPERATION WAS PERF	ORMED	206 AUTOPSY? YES 🔀 No		CAUSES OF DEATH?	idings con	KSIDERED IN CI	ERTIFYING		
210. ACCIDENT WA	CAUSE OF CEATH HOUR A.M.	INJURY Month Day Year	21c HO	W INJURY OCCURRED	(Enter notu	re of injury in Port 1 or	Port 2, Ite	em 18.)			
21d INJURY O(CUI While Not while at work of wor		AT NOME, FARM, STREET, FACTO OFFICE BUILDING, ETC	21f LOI			City or Town		County	Stote		
saw the c	hat (t) (this haspital) atte eceased alive an ited abave, (1) (we) (did)	pril 15 19	68 and	that in (My) (aur)	19 <u>29</u>) apınıan	, ta <u>April 1</u> death accurred on	5 , 19 <u>6</u> the date	8_, that and have	(X) (we) las and fram th		
22b SIGNATURE											
22d PHYSICTAN'S NAME (Type)	Anthony &	Young, M.	D.		altim	GRO'E STA	and 2		2		
230 BURIAL, CREMAT ON REMOVAL (Specify)		23c NAME OF CE		Cemetery	4	LOCATION (City or Tow		(County)	(stot2)		
24 SIGHTRAL DIRECTOR		en 84 34 DRESSE	TAGAGE	Aug 250 RE	C'D BY REG	Washington ISTRAR 256 REG	ISTRAR S SI	GNATURE			
Wagnes &	Pumphasu Jua	Silvan		MALDATE		0.0.4000	ocho	erlas &	noge		

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pagishauld be filed with the State Dept. of Health priar to bur al, crematian, or removal, and in any event, within 72 haurs. VR A15 (4) 30M REV 17

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the hospital ar attending physician.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 20 DATE OF DEATH 2b HOUR (Type or pnnt) Month 3. SEX 4. RACE 6. AGE (In years IF UNCER I YEAR F JNOER 24 HRS last birthday) MONTHS HOURS YRS. event, within 72 hours 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country)/ attending physician and compressive papers permit. Then please remove carbon papers WIDOWED DIVORCED requires that the death certificate be executed within 24 and completely filled 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of working lifer even if retired.) INDUSTRY 13a USUAL RES DENCE (Where deceased lived, if institution. Residence before 13d. INSIDE CITY LIMITS? STREET AND NUMBER YES X and in any 14. FATHER'S NAME Middle 1S. MOTHER'S MAIDEN NAME First Middle 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT Address (If yes give war or dates of service) Yes, no, or unknown) burial, crematian, ar removal, APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND CHATH PART 1. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (o) prepro permit. DUE TO, OR AS & CONSEQUENCE OF Conditions, if any, which gave) burial-transit nse to immediate cause (a), à DUE TO, OR AS A CONSEQUENCE OF physician. stating the underlying couse signed t **Jast** PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the be retained by the haspital ar attending has been 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a, AUTOPSY? CAUSES OF DEATH? NO J YES [far use Health O FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF OFATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Tawn County State While Nat while at wark OFFICE BUILDING, ETC 22a. I certify that (1) (this haspital) attended the deceased from 19 (we) last sow the deceased alive 3 21 1 1 2 3 and that in (my) (aur) apinion death occurred an the date and hour and from the couses stated above, (1) (we) (did (did not) view the body after deoth. 226. SIGNATURE 22c DATE SIGNED MED. DIRECTOR director, page 3 shauld be filed v Page 4 may 22d PHISICIAN'S NAME (Type) 23b DATE 23d LOCATION (City or Town) BUR AL CREMATION, (County) (State)

VR A15 (4) 30M REV 1/68 REMOVAL (Specify)

24 FUNERAL DIRECTOR

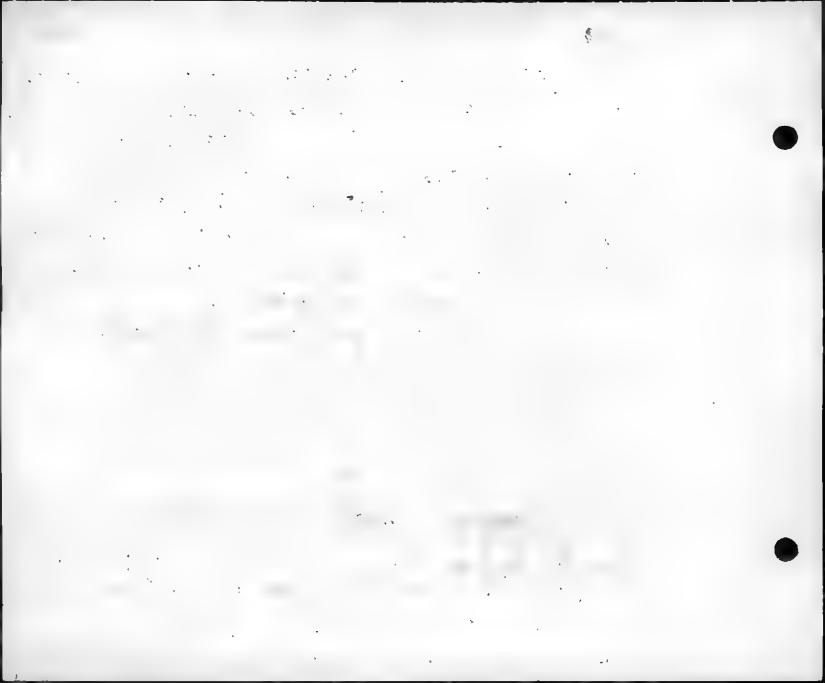
ADDRESS

250.

250. REC'D BY REGISTRAR

25b. REGISTRAR'S SIGNATURE

OCCUPATION SIGNATURE



65328

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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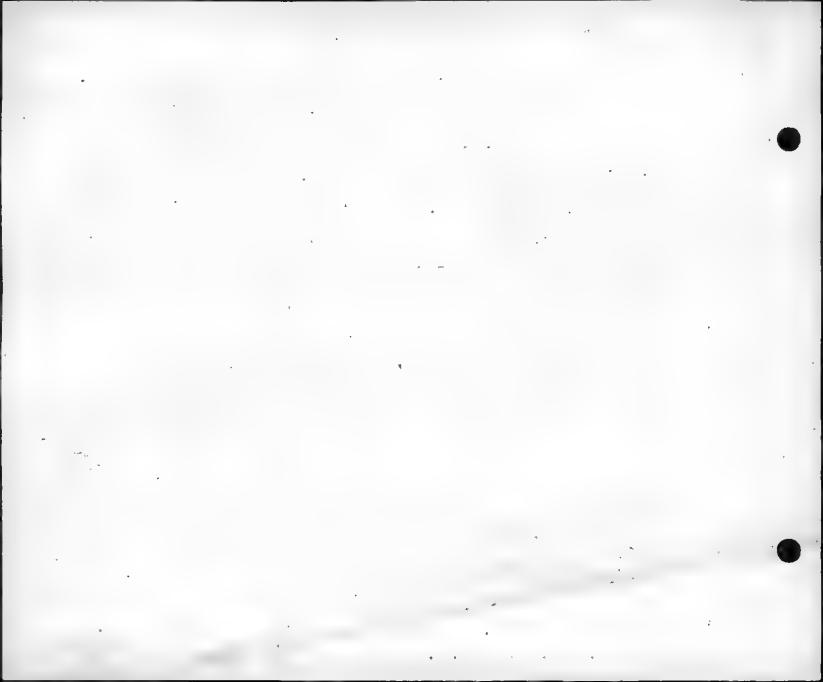
RTIFICATE OF DEATH		_ 1) 5	331
Last	2g DATE OF DEATH		2b. HOUR
W	- Month	Dov Year	

	CEASED NAME	First	Middle		Last		20 DATE OF		_		26. HOUR
(1	ype or print)	Anna	S.	1	Nollmeye	r	Apr	11 Manth 15,	Doy 1	.968°	M
3. SE	Χ	4 RACE			5 DATE OF BIR	RTH		6. AGE (In years		FUNDER I YEAR ONTHS I DAYS	IF UNDER 24 HRS
	female	T T	white		Jan.	16, 18	75	last birthday)	YRS M	ONTHS DAYS	HOURS MIN
	BIRTHPLACE (State or fore	eign 7b. CITIZEN	OF WHAT COUNTRY?	B MARRIED	NEVER MARK	RIED 9	COUNTY OF	DEATH			
caun	Germany	7	U.S.	WIDOWED		CED 🗖	Balt	imore			Md
	HY OR TOWN OF DEATH tonsville		11 NAME OF HOSPITAL OR IT g ve street address) SPRING GROV		nat in haspital TE HOSP •			(Kind of work d life, even if retire		126 KIND OF INDUSTRY	BUSINESS OR
			institution. Residence before			3d. INSIDE CITY LIAM		REET AND NUMBE		*	
odmi	issian) STATE Ma	135. (0)	Balto	Parl	cville	YES NO	3 29	08 Lings	mor	e Aver	lue
14. F	ATHER'S NAME Firs	t M	ddle Lost		IS MOTHER S MA	IDEN NAME Firs		Midd			Last
	Pete	r Krich			Eva.					?	
160	WAS DECEASED EVER IN				INFORMANT			Addre	55		
Y	es, Tpor unknown)	If yes give war or dates of se	^(***) 219-05-L	1870 R	cords:	SPRING	GROVE	STATE H	IOSP	ITAL	
	18 CAUSE OF DEATH	(Enter only one couse	per tine_for (a), (b) and (a))		. /					IMATE INTERVAL ONSET AND DEATH
	PART I DEATH WA	ÀS CAUSED BY IMMEDIATE CAUSE (o	Carke	d'a	Lun	eat					
		•	O, OR AS A CONSEQUENCE O	0	10						
	Conditions, if any while	th gave)	<i>ill</i>	7 (UD	_					
	nse to immediate cas stating the underlying	12 B (0), (D, OR AS A CONSEQUENCE D			h	1/	,			
	last	1 ronze	o bec	alu.	to	Thek	115	10		1	
	PART 2. OTHER SIGNIFIC	CANT CONDITIONS CO	NTRIBUTING TO DEATH BUT	NOT RELATED	TO THE TERMINAL	DISEASE OR CO	NDITION GIVE	N IN PART 1(o) *			
36		_		,							
CERTIFICATION	19a DATE OF OPERATION	196. CONDITION F	OR WHICH OPERATION WAS F	ERFORMED	20o. AUTOr	PSY?		YES, WERE FINDI	NGS (ON	ISIDERED IN C	ERTIFYING
TIFEC					YES 🗀	NO E	CAUSE	S OF DEATH?			
	21a. ACCIDENT WAS U	1 - 1 -	TIME OF INURY		HOW INJURY OCC	URRED (Enter I	nature of inju	ry in Part I as Pa	nt 2, Ite	m 18.)	
MEDICAL	or contributing cal		R.A.M. Manth Day Yea P.M.	r 19							
ME	214 BUILDY OCCUPAN	TOTAL PLACE OF IN	JURY (AT HOME FARM, STREET F		LOCATION Street	ar R F.D No	City	ar Town		County	State
	While Not while of work]	COPPLEE BUILDING, EIC.	1						1 0	
		(this hospito	l) ottended the deceo	sed from_	9 -	7 , 19	, to	4 -15	, 19	6 X, that	t (I) (we) last
	saw the dece	ased olive an	4 - 5	19_61,01	nd that in (my	/) (our) opin	ian death	occurred on th	ie date	ond hour	and from the
		obove, (I) (we)	(did) (did not) view the	body offer	death.				20 01	ac crotico	_/
	22b. SIGNATURE	ant,	Jesher	YP DEC	GREE PHYS.	DIR.	ECTOR L	STAFF PHYS.	- 4	TE SIGNED	164
	22d PHYSICIAN S NAME (Type)	2 boyt	FISHEL	M.	22e. ADDI			VE STATE Marylar			
23 a	BURIAL, CREMATION,	23b DATE	23c NAME O	CEMETERY O	R CREMATORY		23d. LOCATI	ON (Cify or Town)		(County)	(State)
	REMOVALY Set (A)	4/18/	68. Holy	Redeem	ar Cemet			altimore	9, M	fd.	
	FUNERAL DIRECTOR	Ruck,Inc.	Balto Md. 2			25g REC D BY	REGISTRAR 19	68 25b 25c 19	RAR 5 S	ENATINE CONTRACTOR	ye.
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TO MOSPITAL OF ATTENDING PRYSICIAM: The law requires that the death certificate be executed within 24 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the full director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages It is should be filled with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 hours after a Page 4 may lie retained by the hospital or attending physician

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to FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and completely filled in by At director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers—Pageshauld be filled with the State Dept. of Health priar to burial, cremation, or remayal, and in any event, within 72 haurs

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the haspital or attending physician.

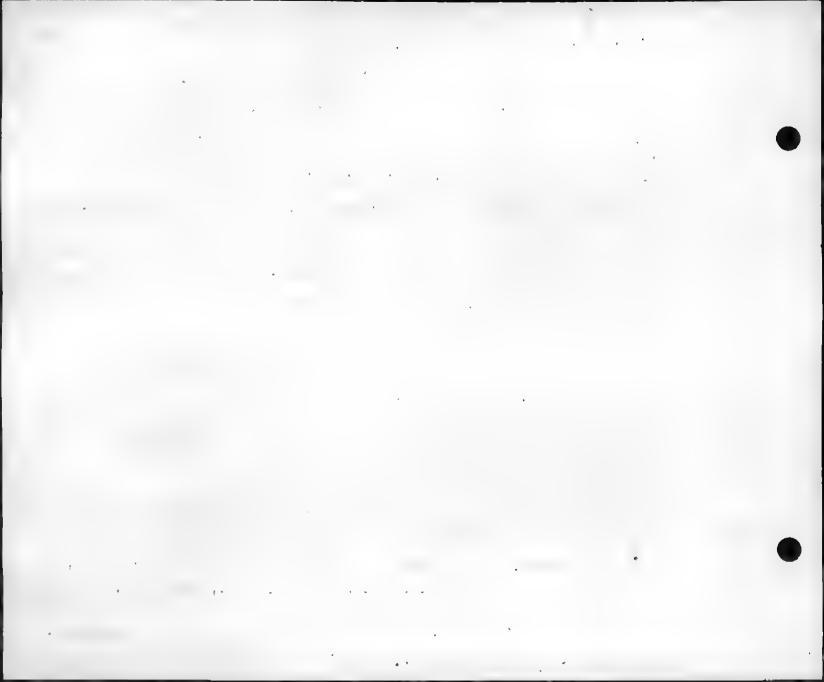
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CERTIFICATE OF DEATH

	EASED-NAME First pe or print) SOP		Middle	01	last BRIEN		2a. DATE OF	DEATH Manth	7 Day	1968	26. HOUR
3. SEX		4 RACE	White		S. DATE OF E	BIRTH reh 2 .	1885	6. AGE (In solution	ay)	IF UNDER + YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN
7a Bil caunti	Female RTHPLACE (State or foreign Poland	75. CITIZEN OF WH	AT COUNTRY?	8 MARRI WIDOW	ED 🔲 NEVER MA		9. COUNTY OF		77,00		Md
(Y OR TOWN OF DEATH Catonsville	Hot	ME OF HOSPITAL OR INS treet address) the				ROCCLPATION			12b KIND OF	BUSINESS OR Work
13a. L admiss	SLAL RESIDENCE (Where decea sian) STATE 18.		Residence before Baltimore		or town	YES NO	1.4.4	REET AND NU Pemb		Blvd.	
	THER'S NAME First	Middle	Chimnia			AAIDEN NAME FI	rst	Unk	Middle NOWN		Last
loa V Yes	WAS DECEASED EVER IN US ARI	MED FORCES? wer or dates of service)	None	NO 1	7 INFORMANT Paul W.	. O'Bri	en:423		ddress rooke		Ba.Co.,
1	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)} PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Brown processing the control of t										ONSET AND DEATH
5	DUE TO, OR AS A CONSEQUENCE OF (b) Valnular Heart (c) Hafertaneuri Chlerovalarte C; V. Dinera 2037										
N.	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(d) 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? YES NO CAUSES OF DEATH?									CERTIFYING	
MEDICAL	2 a ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 3 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year 19 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET FACTORY, OFFICE BUILDING FTC OFFICE BUI										
0	While Not while at wark at wark 210 Fixed or House 1210 Fixed 2110 Fixed 21										
	226. SIGNATURE Kelsnys K	Salla	gerson. S	730	EGREE PHYS	DI	RECTOR -	STAFF PHYS] 4	ATE SIGNED	-
	PHYSICIAN S NAME (Type) W11	mer K. G	allagher,			209 Fre	derick	Ave.	Bal	to., 2	1228, Md.
23º [BLRIAL, CREMATION, 23b REMONAL (Spring) 1	DATE 1-10-68.	23c NAME OF New	Cemetery Cath	or (REMATORY ederal	Cem.	23d 10CATIC 4300 I	ON (City or To	ick	Ave.Ba	lto., ld
24 F	uneral director Leile	6224 Balti	Easte MEA	ve.	, Md.	2Sa. REC'D BY		19 68 RE	a dia di	SIGNATURE J	ndge.



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the mark	P		DIVISIÓN OF	VITAL RECORDS,	301 W.	PRESTON STR	REET, BALTIN	IORE, MAI	YLAND 21201		~ 3.3
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leot perol ond r deot	3. 58	CARR	4. RACE		- 0	CONNOR S DATE OF BIR	DYLL		April 21	1968	THE JINDER 24 HRS
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	7	Female BIRTHPLACE (State or foreign 7	b. CITIZEN OF W		10		ber 10,	COUNTY OF	79 YRS.		
E 25	coul	ntry)			WIDOW	D NEVER MARE	RIED 7.		ltimore		
22 BB 977	10. (Maryland ITY OR TOWN OF DEATH		AME OF HOSPITAL OR IN	1		Lml		(Kind at wark dane	TISP KIPD OF	BUSINESS OR
OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after seath be retained by the hospital or attending physician. NRECTOR: After this certificate has been signed by the attending physician and completely filted in buffier thereof early should be detached for use as the burial-transit permit. Then please remove carbon forces to one 2 should be detached for use as the burial-transit permit. Then please remove carbon forces to one 2 ed with the State Dept. of Health prior to burial, tremation, or removal, and in any event, within 72 harrest death	10 (give	stroot address?		Hospital	during most	Lof warking	life, even if retired.)	INDUSTRY	DOJING33 OK
d wi	130	TOWSON USUAL RESIDENCE (Where deceased	lived, if institu	tion Residence before	13c CITY		13d. INSIDE CITY LIMIT		REET AND NUMBER		
equires that the death certificate be executed with physician. signed by the attending physician and completely to buriol-transit permit. Then please remove carbon, buriol, cremotion, or removal, and in any event, with	odm	ission) STATE Maryland	13b. COUNTY	imore)	Bal t	imore	YES NO	811	2 Woodhav	en Rd.	21206
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be and line		Unknow	1	walden				Uı	nkmovm		
ate iciar leos anc		WAS DECEASED EVER IN L S. ARMED		16b. SOCIAL SECURITY	NO 1	, INFORMANT			Address	21206)
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ng f		18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED I	ane cause per li								MATE INTERVAL DISET AND DEATH
eoth endi mit. or r		PART I. DEATH WAS CAUSED I	CAUSE (o)	Cerebrova	scule	r Hemori	rhage				
ath perrion,		4017	DUE TO, OR	AS A CONSEQUENCE OF							
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E PER PER PER PER PER PER PER PER PER PE	\g	OR CONTRIBUTING CAUSE OF DEATH If either, natify medical examines	HOUR A.M. P.M.	Manth Day Year	0						
G PHYSICIAN: The low rethe hospital or ottending this certificate hos been defoched far use as the le Dept. of Health prior to	MED	21d INI. IRY OCCURRED 21e PL		(AT HOME, FARM, STREET FAR OFFICE BUILDING, ETC	(TORY.) 21f	LOCATION Street	t ar R.F.D. No	City	or Tawn	County	State
the I this thought		White Not while at work at work									
by 1 by 1 filer be c		22o. I certify that (I) (this	hospital), att	ended the decease	ed fram-	April 8,	, 19 <u>68</u>	, to_A]	ril 21 , 19	<u>68</u> , thai	(I) (we) las
ITAL OR ATTEND moy be retoined RAL DIRECTOR: A poge 3 should be filed with the		saw the deceased aliv	(Q.A (To 9)	(did not) view the	Y QQ , (badv afti	ind that in (m) er death	y) (aur) opini	an death o	occurred an the d	ate and hour	and from th
R ATTEN RECTOR: 3 should I with th		22b/SGNATURE	(1) (110) (414)	(did noi) view inc	oug on					DATE SIGNED	
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O HOS	23a	BURIAL CREMATION, 23b DA		23c. NAME OF	CEMETERY	OR CREMATORY		23d LOCATIO	N (City or Town)	(County)	(State)
5 5 2 1	0.2		<u>:-1968</u>	Mt. Car		Cemetery		Baltir	nore 2Sb REGISTRAR	CO.	Md.
VR A15 (4) 30M REV, 1/68	5	FUNERAL DIRECTOR	c 1:			اع وحالا	250 REC'D BY			liarles	Inder.
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME First Middle Inst 2a DATE OF DEATH 2b. HOUR requires that the leath certificate be executed within 24 hours after death (Type or print) OGLE APRIL Month / Day 14. WILLIAM 4 RACE 5. DATE OF BIRTH 6 AGE (In years IF LINDER 1 YEAR 3 SEX last bethday) MONTHS JAN. 2. 1888 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED country) BALTIMOR WIDOWED [DIVORCED [10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPAT ON (Kind of work done 12b KIND OF BUSINESS OR give street oddress) SHANGRI-LA during most of warking life even if retired INDUSTRY CATONSVILLE, MA. remave carban N.N. SEL 13d INSIDE CITY LIM TS? 13a USUAL RESIDENCE (Where deceased lived, 'f institution' Residence before 13c CITY OR TOWN 13e STREET AND NUMBER 136 COUNTY BARON CATO NSUILLO YES [Last 15. MOTHER'S MAIDEN NAME First Middle 14. FATHER S NAME First WAGNER ANNA JOSEPN OGLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, na, ar unknown) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if any which gave) burial-transit nse to immediate cause (a). stating the underlying cause PART 1(a) O FUNERAL DIRECTOR: After this certificate has been as the 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? YES [NO 🗀 far use 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 1B) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year P.M. (If either, notify medical examiner) 21e PLACE OF INJURY (AT NOME FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Town County State While Not while at work 220. I certify that (I) (the harms) attended the deceased from 117, 1947, to 112, 1968, that (I) (see) last sow the deceased alive an 12, 1968, and that in (my) (see) opinion death occurred on the date and hour and from the causes stated above, (I) (see) (did) (did set) view the body after death. be retained 226. SIGNATURE ATTENDING DIRECTOR PHYS 22e. ADDRESS NAME (Type) director, Shaul 23a BUR AL, CREMATION 23b DATE (County)

24 FUNERAL DIRECTOR

REGISTRAR S SIGNATUR

250, REC'D BY REGISTRAR



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH First Middle Lost 20 DATE OF DEATH 25. HOUR I. DECEASED-NAME requims that the death certificate be executed within 24 hours after leath. death. (Type or print) ANN F. CHLENDORF 4 RACE S. DATE OF BIRTH IF UNDER 24 HR 3 SEX 6. AGE (In years last birthdoy) HOURS Dec. 13, 1902 Female White 9 COUNTY OF DEATH 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED IXT NEVER MARRIED YOURTH Maryland U. S. DIVORCED WIDOWED [Baltimore Co 120 USUAL OCCUPAT ON (Kind of work done 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b KIND OF BUSINESS OR during most of working life, even if retired.)

10 Housewife Chesapeake Manor Conv. Home INDUSTRY carbon Towson 13r. CITY OR TOWN 13e. STREET AND NUMBER 130. USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13d. INSIDE CITY LIM TS7 714 Stoneleigh Rd. 13b COUNTY YES . Stoneleigh IS. MOTHER'S MAIDEN NAME First Middle 14 FATHER'S NAME Middle Lost Lost Annie Schermeyer 16b. SOCIAL SECURITY NO. 17 INFORMANT Address 160, WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) (III was gave wor or dates of service) cremation, or removal. Mr. Albert V. Ohlendorf Same APPROXIMATE INTERVA the attending p 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN DISET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove **burial-transit** rise to immediate couse (a). signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse; PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) has been the 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g. DATE OF OPERATION 20a AUTOPSY? 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? YES 🗍 NO Y be detached for use State Dept. of Health O FUNERAL DIRECTOR: After this certificate 210 ACCIDENT WAS UNDERLYING 236 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED County City or Town Stote While Not while of work 22a. I certify that (f) (this haspital) attended the deceased from saw the deceased alive-on. 192 Sand that in (my) (aur) apinion death accurred on the date and hour and from the causes stated above (1) (we) (dia) Adid not) view the body after death 22b. SIGNATURE 22c. DATE SIGNED ATTENDING STAFF PHYS. April 30, 1968 Z (DEGREE DIRECTOR director, page PHYS 22d. PHYSICIAN'S 22e. ADDRESS Richard Gundry NAME (Type) 2 W. University Pkwy. Balto. Md. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b. DATE (County) 23o. BURIAL, CREMATION (Stote) May 2, 1968 Baltimore, Co., Maryland Parkwood Cemetery 24. FUNERAL DIRECTOR 250. REC D BY REGISTRAR VR A15 (4) 30M REV 1/68 George J. Gonce 4001 Ritchie Hwy. (21225)



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

35334

CERTIFICATE OF DEATH

					CERTIFI	CAIL	OI PEAIII				U	13.58	
		PLACE OF DEATH					2. USUAL RESIDENCE (V	Where dece	osed lived, if institu	on Residen	ce before	odm ssic	211)
	1	o COUNTY Del.	llimore		MARYL	ANĐ	o. STATE		P (0)		บไม 101	re	
	-	b CITY OR TOWN (outside corporate limit	15,	c LENGTH OF STAY IN		C C TY OR TOWN (IF ou	itside corpo	prote limits, write RU		4		
1		FINOS / 1.	d give nearest lown)				Pikes	ville	, 5,111.				
. '/	-	d name of hospit	TAL OR INSTITUTION (if n	ot in hospital, ç	give street address)		d STREET ADDRESS		, ,		е	IS RES D	ENCE
X		Robbs N	ursing Home				205 Churc	ch La	ne		Y	ES 🗍	
		NAME OF DECEASED		irst	Middle		cost	4 DATE	Mon	th	Doy	Yea	Jr .
		(Type or pnnf)	Fary		nge la	01	12166	DEAT	4	27,			. 3
7	\$:		6 COLOR OR RACE	7. MARRIED	NEVER MARRIED	X	B DATE OF BIRTH		9 AGE (In years lost birthdoy)	Months	Dovs	Hours	Min
	-	~male	White	WIDOWED	DIVORCED		Oct.2,1882		85 yrs.				1
	10o duri	USUAL OCCUPATION Ing most of working	N (G ve kind of work done life, even if refired)	1N	IND OF BUSINESS OR IDUSTRY		11. BIRTHPLACE (County	& Stote, or	foreign country)		TIZEN OF T UNTRY?	WHAT	
		10 0170	u i	Lai	nicurist		Carroll				U.S.	А	
	13.	FATHER S NAME					14. MOTHER'S MAIDEN I	NAME					
	<u> </u>		Thomas A. C	Weill			Reveco	a Bl	oss				
	15	WAS DECEASED EVE	ER IN U.S. ARMED FORCES? (If yes, give wor or dotes)	16 S	SOCIAL SECURITY NO	17 1	NFORMANT		Addr	ess File	HSv.	l le	5,120.
	1,0	140	1.019	7/1	5-37-4389	Li	s. Largare	: 1.os	sel, 25 1	/2 3hi	urch	[a.	e
			EATH (Enter only one cou	use per line for	(o), (b), ond (c))		1 -1	1		4		RVAL BET	
		PART I. DEA	TH WAS CAUSED BY. IMMEDIATE CAUSE	(0)	Bretral V.	asc	Mar accordant	Parl	to let lane	stuck	ONSI	ET AND D	EATH
		2.7	DUF	(-)								1	100
		Conditions, if ony		(b)									
		rise to immediat stating the unde		11									
		last, 3 2	×)	(c)									
		PART II OTHER SI	GNIFICANT CONDITIONS	ONTRIBUTING T	TO DEATH BUT NOT RELA	TED TO 1	HE TERMINAL DISEASE CON	NDITION GI	IVEN IN PART 1(o)		19	WAS AUTO)PSY
d ,	FICATION	arteri	io schrotie	heart	discort Z	erry	constantes;	tio				PERFORMI S	ED? NO Z
	TEC	200 ACCIDENT WAS	S JNDERLYING				(Enter noture of nury in	Port I or P	Port II of item 18.)				
	CERT		MEDICAL EXAMINER)										
	MEDICA.	20c. TIME OF INJU-	RY Month, Day, Year				E OF NJURY (Home, form		(City or fown)	(Co.	ınty)	(,	Stote)
	菱	ngur 0.1	10	While of work		fact	ory, street, office bldg., etc.)	'					
		21. I certi	fy that (I) (this has	pital) ofteno	ded the deceosed f	rom	Dec.	955.	to 28 00	1, 196	d, tho	ot (1) (v	ver lost
		sow the di	eceosed olive on	266	Eps 1968, 01	nd that	deoth occurred of	1 a	M, from cousses	ond on th	ne dote	stoted	obove.
		220. SIGNATURE	P . "	Para	106		ATTENDING (MED	STAFF	22b D#	ATE SIGNE)	
			our. N	nouy.		M C	PHYS LG	DIRECTOR	PHYS L	30	apr	68	
1		22c. PHYSICIAN S NAME (Type)	Paul H	7701	yse		22d ADDRESS	01/	2 P.kosi	://0	Jes /		
3 -				/				/			11.		
5	230	8UR AL, CREMATIC REMOVAL (Specify		EREOF	23c. NAME OF CEMET				LOCATION (City or To	*	(County)	,	tote)
D		Dulal	Lav	,1968	Druid Ri	GNÐ	Cemetery		rikesvill		Calu.		Ale
		FUNERAL DIRECTO	12/	1 1	ADDRESS	. /	250. RECT	BY REGIS	1968 25b	GISTRAR'S SI		146	
		4-210 11 /		10,0001	1//1/1/01	12/1	" NAR 9	7	1000 K		V	1	,

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the haspital ar attending physician.

hours

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in be director, page 3 shauld be detached far use as the burial transit permit. Then please remave carbon pagets, should be filed with the State Dept. of Health priar to burial, crematian, ar remaval, and in any event, within 2 hou VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 05337 DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR requires that the death certificate be executed within 24 havrs after death (Type or print) Lela Elizabeth Ott 4. RACE IF UNDER 1 YEAR 3 SEX 5. DATE OF BIRTH & AGE (n years DAYS HOURS iast birthday) MONTHS Female White May 26. 60 7b. CITIZEN OF WHAT COUNTRY? 7o BIRTHPLACE (State or foreign 9 COUNTY OF DEATH MARRIED NEVER MARRIED (Gunto) Maryland ban papers. within 72 h the attending physician and completely filled in sit permit. Then please remove carban papers, U.S.A. WIDOWED [DIVORCED [Baltimore 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR give street address) during most of working life, even if retired) INDUSTRY Towson Greater Balto. Med. Center Housewife, 130 USLA, RESIDENCE (Where deceased lived, if institution Residence before 13c, CITY OR TOWN 13d INSIDE CITY LIMITS? 13e, STREET AND NUMBER 13b. COUNTY Baltimore 2802 Roselaw Maryland 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Last Joseph L. Lancaster Catherine G. Fink 16g. WAS DECEASED EVER IN LS ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT Address Yes, ng, or unknown) 212-32-3452 Edward A. Ott APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) BETWEEN ONSET AND DEATH signed by the burial-transit p Canditions, if any, which gave t rise to immediate cause (a). stating the underlying cause PART 2-OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) this certificate has been 190. DATE OF OPERATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? YES T NO 🗀 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBLTING CAUSE OF DEATH HOUR AM. f either, not fy medical examiner) (AT HOME FARM, STREET, FACTORY.) 21f. LOCATION Street of R.F.D. No. 21d INJRY OCCURRED 21e. PLACE OF INJURY State City or Tawn County White Nat while Page 4 may be retained by the CO FUNERAL DIRECTOR: After 22a. I certify that (I) (this hospital) attended the deceased from the saw the deceased alive an analysis of the deceased alive and the date and have and from the requises stated above, (1) (we) (a/d) (did not) view the body after death. 226 SIGNATURE 22c DATE SIGNED. **ATTENDING** STAFF DIRECTOR PHYS 22d PHYSICIAN S 22e. ADDRESS NAME (Type) Donald Mintzer director, I shauld be 3009 Evergreen Ave 23c. NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) (State) 230 BURIAL, CREMATION (County) REMOVAL (Specify) Glen Burnie Glan Haven

1400 S. Charles St/ 1/230

24. FUNERAL DIRECTOR

Evans

VR A15 (4)

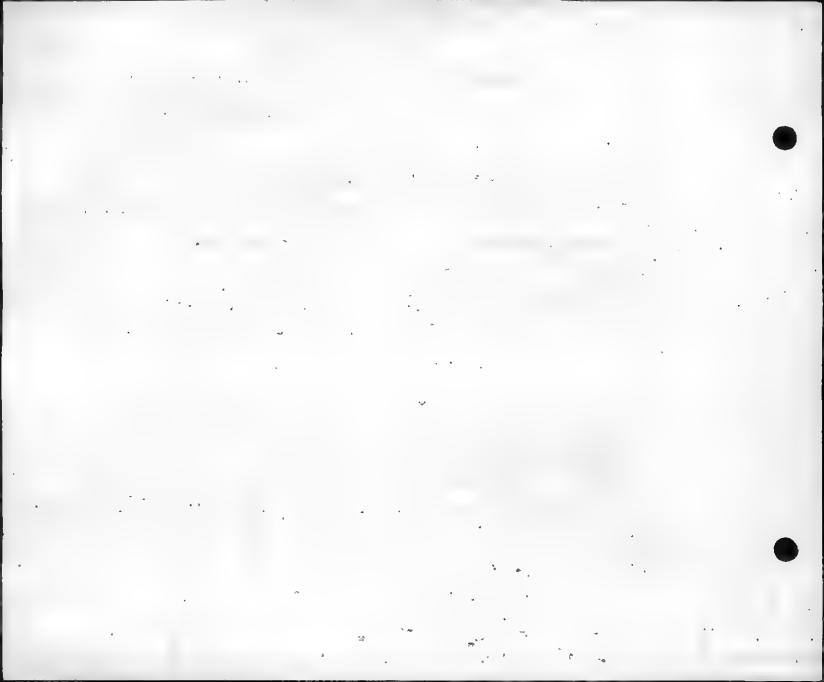
30M REV 1/68

25b REGISTRAR S SIGNATURE

1968

Miantes

2So. REC'D BY REGISTRAR



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

55336 J5338 CERTIFICATE OF DEATH First Middle 2o. DATE OF DEATH DECEASED-NAME Lost 2b. HOUR (Type or print) Walter Hiblett rarrish S DATE OF BIRTH 3 SEX 4 RACE 6. AGE (In years Male While Feb. 5, 1915 76. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 8. MARRIED A NEVER MARRIED country) alui ore, iii. U.5 . n. WIDOWED DIVORCED | Ballimore Co. 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (if not in hospital 12a LSUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR MOLSTRY Ferni-Centra during most of work ng life, even if retired) Tallinore, id. 130 USLAL RESIDENCE (Where deceased lived, if institution, Residence before 13c. CITY OR TOWN 13e, STREET AND NUMBER 13d INSIDE CITY LIMITS? admission) STATE 13b. COUNTY 1 Cimore Baltimore-15 15 6/10 Brighton Ave. 14. FATHER 5 NAME Middle Lost IS MOTHER'S MAIDEN NAME First Walter Clein Ethel Parrish Loyle 166. SOCIAL SECURITY NO. 17 INFORMANT Address 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, oo, or unknown) 219-07-6523 Firs. Holerta Oliff therish. 6/10 Dri hlon Ave 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) CORONARY BETWEEN ONSET AND DEATH Coronary occlusion hour DUE TO, OR AS A CONSEQUENCE OF Arteriosclerotic cardiovascular disease Conditions, if any, which gave) 1 vear rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse! PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 190 DATE OF OPERATION 195 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 296 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🔲 NO TO 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c, HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street of R.F.D. No. City or Town Stote County While Not while of work 22b SIGNATURE 22c DATE SIGNED **ATTENDING** MED DIRECTOR May 1968 DEGREE 22e. ADDRESS 1811 N. Rolling Rd. Balt. Md. 21207 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION. 23b. DATE 23d LOCATION (City or Town) (County) REMOYAL (Specify)

O FUNERAL DIRECTOR: After

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by the attending physician and camplete transit permit. Then please remave carb crematian, at removal, and in any event, "

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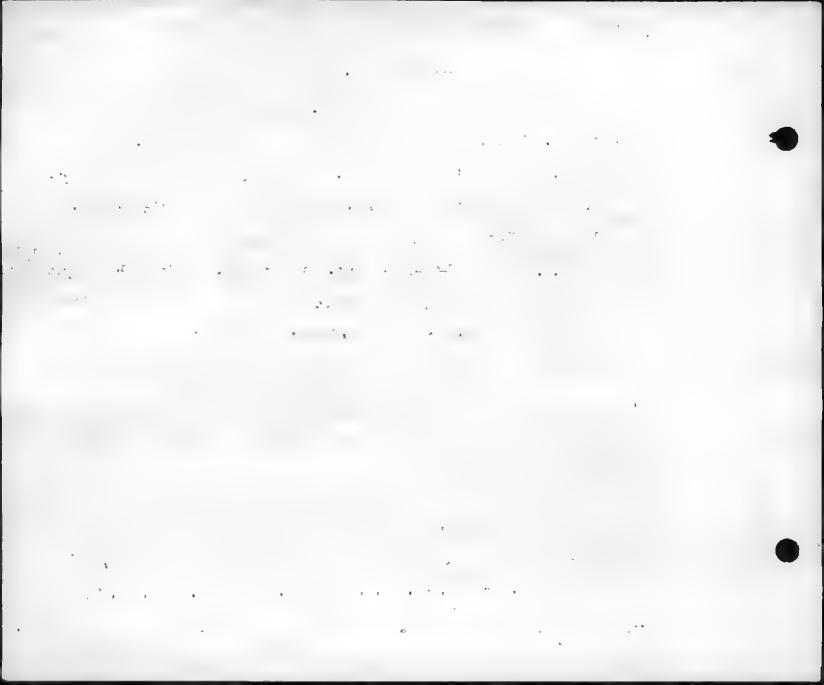
Fay 4, 1968 Lorraine Mark Jemelery REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Peliante Judge 1968

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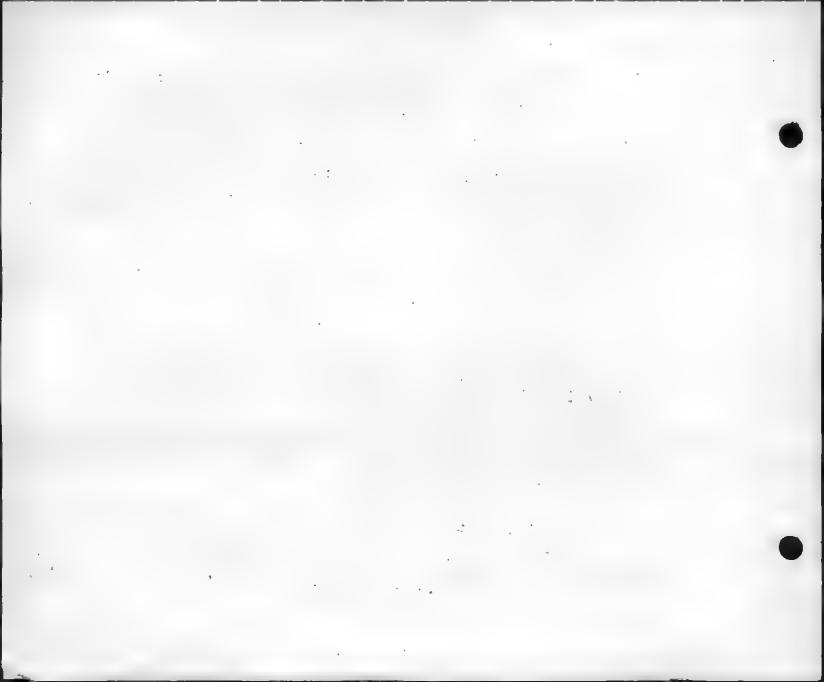
VR A15 (4) 30M REV 1/68

24. FUNERAL DIRECTOR



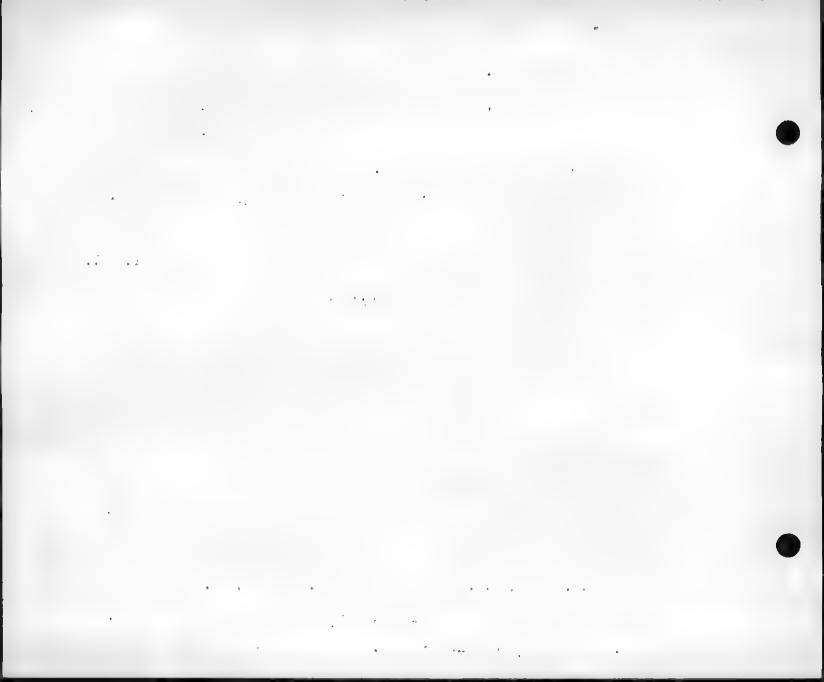
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH DECEASED-NAME 20. DATE KNOWN (Type or Print) ESTI-LILLIAN delay ts ond 3 ta M3. Page DEATH MATED 3 SEX 4 RACE S DATE OF BIRTH IF UNDER 24 HRS 2c DATE PRONOLINCED DEA partmen puo PM3 MARRIED ZHEVER MARRIED 7a. BIRTHPLACE (State of foreign 9 COUNTY OF DEATH WIDOWED [Give Pages with the State ID. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work dane 12b KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY ESCEX 13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c. CITY OR TOWN 13e STREET AND NUMBER 13b. COUNTY in Item 18. BOX 77 GINWOLD land 2 ofter 14. FATHER S NAME IS MOTHER'S MAIDEN NAME PILLING pages haurs 16b SOCIAL SECURITY NO in pencil (Yes, no, or unknown) (If was give war or dates of service) 213-20-7091 APPROX MATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) event within permit. BETWEEN ONSET AND DEATH pending PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave nse ta immediate cause (a), tertificate shou d writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause ⊆ PART 2 STHER SIGNIFICANT, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(d) 19a DATE OF OPERATION 20. AUTOPSY? WAS PERFORMED? execute the certificate 21b. TIME OF INJURY Month, Day, Year 21a EXTERNAL CAUSE WAS 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) MEDICAL PRIMARY FINDS CONTRIBUTING HOUR A.M cremation, PM CAUSE OF DEATH 21e. PLACE OF INJURY (At hame, form, street, 21f, LOCATION Street or R.F.D. No. City or Town County State factory, office building, etc.) AT WORK AT WORK 220. I certify that I took charge of the remains described above, held on Autapsy ... Inspection ... Inquiry E ond in my opinion Matural causes . Accident . Suicide 🗔 death resulted fram: Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b DATE SIGNED I I I E AL ASS STANT MEDICAL EXAMINER SIGNATURE pe O DEPUTY DEPUTY MED CAL EXAMINER moy Heolth MORNING TOWN RADDRESS(Street, city, town, or county) NAME (Type) M III BURIAL CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) 24 FUNERAL DIRECTOR G. CONNELLY SONS 300 MACE DATE

MARYLAND STATE DEPARTMENT OF HEALTH





41	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	41
HEALTH DEPT		DECEASED NAME First M.ddle Lost OF ESTI- DEATH MATED APPLIERSON DEATH MATED	Day Year 2b HOJR
delay is and 3 to M3. Page	3 S	EX 4 RACE S DATE OF BIRTH 6 AGE (in years IF UNDER 1 YEAR IF UNDER 24 MRS 2c DATE PRONOUNCED DEAD	20 1910
PM3. I		Tale White Nov 8, 1919 48 VRS 4- 11	Year 168 3 5 M
	3	BRITHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 79 COUNTY OF DEATH VIDOWED DIVORCED DIVORCED Baltimore	
8.0 9	10 0	CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 11)	26 KIND OF BUSINESS OR
deo ye Po wit withe S		1 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	Mircraft
24 hours ofter deoth in Item 18. Give Pages 1, r's Office olong with form ss 1 ond 2 with the State De rs ofter deoth		USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c city or Town 13d inside and Land 13b (OUNTY Baltimore Middle Riveryes No. 2207 Baker Ave.	
	14.	FATHER'S NAME First Middle Lost IS, MOTHER'S MAIDEN NAME First Middle Unknown Unknown	Los!
d w thin 24 in pencil in Exominer's Exominer's File pages 1 in 72 hours o		WAS DECEASED EVER IN U.S. ARMED FORCES? Ves_too, or unknown) (# yesque q dotes of service) 201 01 3894 Margaret Thorpe 244 Thomas Dr. D.	eenville,
be executed with merief Medicol Exoning Trile mass permit. File event within 72		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I, DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) PART I, DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) DUE TO OR AS A CONFEQUENCE OF	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
INER: This certificate should be executed within 24 should be forwarded to the Chief Medicol Examiner's files. 3 should be used as burial-transit permit. File pages nation, or removal, and in any event within 72 hours		Conditions, if only, which gave rise to immediate cause (o), stoting the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF	
vertificate should writing the word rwarded to the Ch sed os a burial-tra novol, and in any		PART 2 OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
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₹ 4 7 9 F	WED	21d INJURY OCCURRED 21e PLACE OF NuRY (At home, form, street, while at work A	County State
C 5 0		220 I certify that I took charge of the remains described above, held an Autopsy , Inspection Inquiry	ond in my op n'an
blease executed in the state of		death resulted fram. Natural causes , Accident , Suicide , Hamicide , Undetermined monner	
plea plea retoi retoi ior to		ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER 228 DATE SI	NED //
To DEPUTY SICURITY TO DESCRIPTION OF THE FUNERAL DIRECTOR FOR FOREST HEALTH PRIOR TO PUNERAL DIRECT HEALTH PRIOR TO BUT		EXAMINER'S NAME (Type) M.B. Davis, M.D. 6800 Mornington Rd add Danadally, own date 222	1/48
5 = = 5 × 5 × 5	230	Baltimore, National Cemetery Baltimore, Md.	County) (State)
VR A15ME (5) 10M REV. 1/68	24 J.	FUNES DIRECTOR 250 RECU BY REGISTRAR 256 REGISTRARS 5 CO DATE APR 18 1968 Class	GNATURE .



// 1	MARYLAND STATE DEPARTMENT OF HEALTH MARYLAND STATE DEPARTMENT OF HEALTH MARYLAND STATE DEPARTMENT OF HEALTH MARYLAND 21201	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	* -
HEALTH DEPT	1 DECEASED-NAME Control of First Middle Control of ESTI-	2b HOUR
	novert. Norman reversor Death MATED 4/20 196	8 5 pa M
me de o	m W 6/21/50 OS Builday) MONTHS DAYS HOURS MIN MONTH Doy Year 196:	S 639 M
form form te Depo	70. BIRTHPLACE (Stote or foreign Country) Maryland 75. CITIZEN OF WHAT COUNTRY? USA 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH Balling Ballin	Fiz Md
after death 8. Give Pages alang with for with the State	10 (ITY OR TOWN OF DEATH 11 NAME OF HOSP FAL OR INSTITUTION (If not in hospital during most of work not fee, even if retired.) APPLITUS 120 USUAL OCCUPATION (Kind of work done during most of work not fee, even if retired.) NDUSTRY Sci	USINESS OR hool
haurs after death fem 18. Give Pages Office alang with for and 2 with the State ifter death.	13a USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c. CITY OR TOWN odmission) STATE md. 13b COUNTY - Belfinge YES NO 221/ Pelfam. Ave.	7/2/3
	14 FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle I Robert G. Peterson Dolores V. Tanski	ost
within 24 in pencir in Examiner's File pages on 72 haurs	160. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (1 yes give war or dates of service) 16b. SOCIAL SECURITY NO 17 INFORMANT ADDRESS Mr. Robert G. Peterson (Sa me)	
LICAL EXAMINER: This certificate shauld be executed lease execute the certificate, writing the ward "pending indirector. Page 4 shauld be farwarded to the Chief Medical stained far your files. DIRECTOR: Page 3 should be used as a burial-transit permit to burial, cremation, or remaval, and in any event within the burial.	REWIER OF DEATH (Enter only one couse per line for (a), (b) and (c)	NO Stote
TO DEPUTY necessary, ple the funeral di sawelt TO FUNERAL D Health prior	SIGNATURE COMM. ASSISTANT MEDICAL EXAMINER (X) 1311 From and (X) 1311 From and (X)	2 2 2 5 (State)



FOR STATE HEALTH DEPT.

ny deloy is 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages land? with the State. pending in pendin Item 18. Give Pages the funeral director. Page 4 should be forwarded to the Chief Medical Examiners Office along with fa bical EXAMINER: This certificate should be executed within 24 hours ofter death hours after death. Health prior to burial, cremation, ar removal and in any event within 72 necessary, please execute the certificate, writing the word

O DEPUTY

VR A15ME (5)

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 44 5

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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-		ECEASED-NAME	First		Middie	Last		20. DATE KNOWN	Manth Day	Year	2b HO⊎R	
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			ath was caused by		1. 1 /	11.1	1. 1/1.	· fre	-	ETWEEN CHISET AL	ND DEATH	
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		rise to immedia		(b)								
	H	stating the und	erlying cause	DUE TO, OR AS A CO	ONSEQUENCE OF							
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į		PART 2 OTHER SH	GNIFICANT CONDITIO	NS CONTRIBUTING TO D	DEATH BUT NOT REL	ATED TO THE TERMINAL	DISEASE OR CONDIT	TION GIVEN IN PART 1(0)				
i	8	1.150										
		19a. DATE OF OPI	ERATION		NDITION FOR WHICH	H OPERATION		2	0 AUTOPSY?			
	CERTIFICAT			W.	AS PERFORMED?					YES 🔲	NO J	
		2.a EXTERNAL CA		21b. TIME OF NJURY /	Manth, Day, Year	21c HOW INJURY C	CCURRED (Enter na	ture of njury n Port 1 or 1	Part 2, Item 18)			
	WEDICAL	CAUSE OF DEATH	CONTRIBUTING [HOUR A.M	19							
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	23a	BURIAL, CREMATIO		TE ,	234 NAME OF CEME	ETERY OR CREMATORY	23	d LOCATION (City or Town	r) (County	y) (Sta	ite)	
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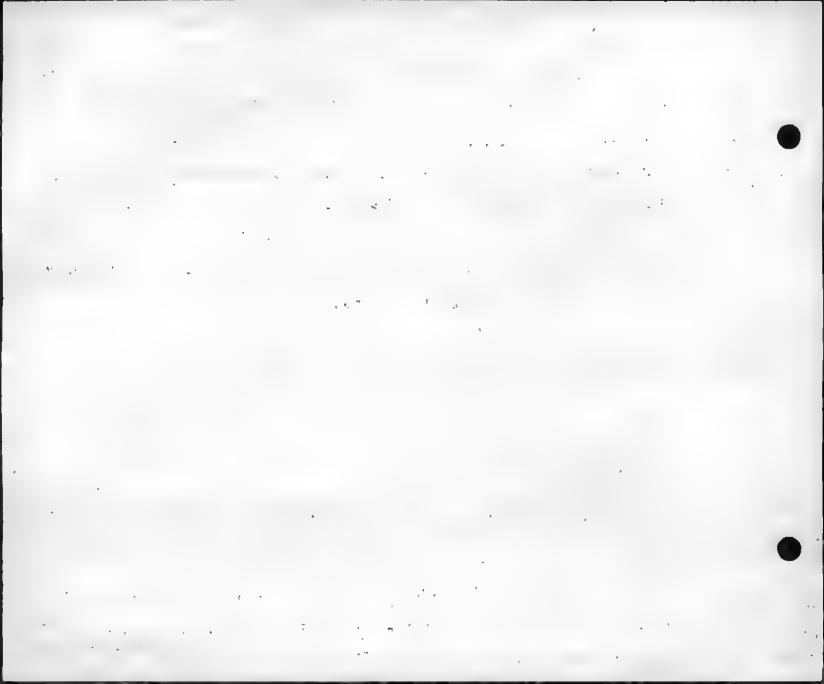
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death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. ond Uneral TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely, director, page 3 should be detached for use as the burial-tronsit permit. Then please remave carbot should be filed with the State Dept. of Health priar to burial, crematian, or removal, and in any event, wi Page 4 may be retained by the haspital ar attending physician

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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SEX			4 RACE			S DATE OF BIRTH		6	. AGE (In year	27	IF UNDER 1	1 YEAR DAYS	IF UNIOER 74 HRS
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18				line far (a), (b), and (c)									MATE INTERVAL INSET AND DEATH
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	nse to immediate couse (a), Stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF												
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PA	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)												
ž L	1. (1												
CERTIFICATION 13/0	190 DATE OF OPERATION 196 CONDITION FOR WH			HICH OPERATION WAS PE	RFORMED	20a AUTOPSY? 20b IF YES, WERE FIT CAUSES OF DEATH?				NDINGS CONSIDERED IN CERTIFYING			
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	either, natify m												
				(AT HOME, EARM, STREET, EAC OFFICE BUILDING, ETC.	TORY.) 21f L	DCATION Street or R.F.D N	Vo.	City of	Town		County	1	State
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22	o. I certify 1	ha tXDX (th	is haspital) a <u>t</u> t	tended the decease	d fram_	11/27/67-, 19.	, , ,	ta 4	/13/68	., 19		that	XX(we) la:
	220. I certify tha XXX (this haspital) attended the deceased fram 11/27/67-, 19 ta 4/13/68, 19 that XXX (we) lass saw the deceased alive on 4/13/68 19 ond that in (XXX) (our) opinion death occurred on the date and hour and from the causes stated glove, (X) (we) (did) XXXXX (view the body after death.												
221	226. DATE SIGNED												
1	D. SIONKIOKE	Cho	ng /	lunan f	Far. DEG	REE PHYS	MED DIRECTOR		STAFF PHYS		4 13		
220	22d PHYSICIAN S 122e ADDRESS ALL DIRECTOR 1 STAPP W 4 13 68												
	NAME (Type) CHONG CHOON HAN, M.D. VA HOSPITAL, FORT HOWARD, MARYLAND											D	
23o BU	BURIA_ CREMATION 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State)												
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MOH	RAN FUN	ERAL H	IOME, 300	OO E BALTO	ST, B	ALTO MD DATE A	IPR .	16 1	968	IL	OYES	4	0



(1)	1	MARYLAND STATE DEPARTMENT OF HEALTH
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.		ECEASED NAME First Middle Class 20 DATE KNOWN Manth Day Year 22 Hoth R
5 5 8 7 2 V		MICHAEL JOSEPH PHILLIPS DEATH MATED APRIL 121961 P.M
deloy	3 SE	lost birthdoy) MONTHS DAYS HOURS MIN Month I Day
	m	194 E 1411 E SEPT. 27 1721 46 YRS 1 APRIL 12 1923 37 M
I, 2, m P. Depo	7a E	BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? MARRIED MEYER MARRIED 9 COUNTY OF PEATH
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fter death Give Pages ong with foi ith the Safe	1000	T NAME OF HOSPITA. OR INSTITUTION (If not in hospital during most of work in the even if retired) INDUSTRY CAN CO.
er d iive ng v n thu	120	USUAL RES DENCE (Where deceased lived, if institution Residence before 13c C M OR TOWN 13d INSUE CITY (MINISTER AND NUMBER
0 0 0 3 0		drission) STATE MA 136 COUNTY BALTO BALTO BALTO YES NO 7204 CONLEY ST.
hours Item 18 Office 1 and 2 v	14 F	ATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost
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within 24 pencil 'n caminer's Le pages 72 hours		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT (es no, or unknown) (types give wgc or ggies of service, 2007) 17 INFORMANT 17 INFORMANT 18 INFORMANT
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be executed within "pencil" in pencil iief Medicol Examine unsit permit F.le pagevent within 72 hou		18 CAUSE OF DEATH (Enter only one cause per the for (a), (b), and (c)) APROX MATE INTERVAL BETWEEN ORIGINATO DIATH
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ex f M f M at p		Canditians, if any, which gave
d be d "p Chie rans		rise to immediate couse (o). (b)
shauld be e ne word "per o the Chief I buriol-transit		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF
she w he w to the burn		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOTICE. ATED TO THE TERMINAL DISPASE OR CONDITION GIVEN IN PART 1(g)
certificate shauld writing the word invorded to the Cl used as a buriol-tr noval, and in ony		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEALER BUT NOTERIATED IN THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 1(d)
writing writing rworded sed as a sod a a	NO.	190 DATE OF OPERATION 37% CONDITION FOR WHICH OPERATION 20 AUTOPSY?
this certific ote, writin ie farword be used at r removal,	CERTIFICATION	WAS PERFORMED? YES NO [2]
This in licote, be failed be up a dispersion or ren	ERI	21a EXTERNAL CAUSE WAS 21b TIME DE INJURY Manth, Day Year 1911 HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
42 2		PRIMARY OR CONTRIBUTING PM 19
MINE ce 1 short fifes	MEDICAL	21d INFURY OCCURRED 21e. PLACE OF INJURY (At home, farm, street, 21f. LOCATION Street at R.F.D. No. City or Tawn Caunty State
		WHILE AT WORK AT WORK OF AT WORK (1)
		22a. I certify that I taak charge of the remains described above, held an Autopsy , Inspection I Inquiry and in my apinion
ICAL E) execution. Paged for year for y		death resulted fram: Natural sauses 2. Accident . Suicide . Hamicide . Undetermined manner
please e) director. retoined		CHIEF MEDICAL EXAMINER
Ty, pleose stros direction (AL DIRE		ACTUAL SIGNATURE AD ASSISTANT MEDICAL EXAMINER 22b DATE SIGNED 22b DATE SIGNED
o DEPUTY necessary, I the funerol 5 may be r o Funeral		EXAMINER'S MA CO DEPUTY MEDICAL EXAMINER TO STORE STATE OF THE STATE O
O DEPU necessa the fun 5 may O FUNE Health		NAME (Type) 1/12. 1) Aus 1/12 - 6800 MIL (DODES) Spender of monorary New Law
5 5 4 7 5 A	23a	B_RIAL CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) REMOVAL (Specify) 1001 11 1000 CF CT. III.
	1	SURIAL APRIL 16, 16001, OTANISCHUS CEMETERS JOHLI MIGRE 1110,
A10 A354 B 31	24	ENERAL DIRECTOR 250 REC D'BY REGISTRAR S S GNATURE
VR A15ME (5) 10M REV 1/68	1	AYMOND L. KACZOROWSKI 2525 PLEET ST. DATE APR 17 1968 Closes July



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME Middle Last 20 DATE OF DEATH 2b HOUR (Type or print) Month / IF LINGER I YEAR 3 SEX DATE OF BIRTH 6. AGE (In years IF JNDER 24 HRS law requires that the death certificate III executed within 24 haurs Iffer lost birthdov) MONTHS DAYS male 76 CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign MARRIED NEVER MARRIED CTOMO WIDOWED DIVORCED | physician and completely filled 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g USUAL OCCUPATION 12b KIND OF BUSINESS OR give street oddress) Snangri INDUSTRY HOME OSTA remove corbon Nursing Catonsville Md. 13g USUAL RESIDENCE (Where deceased lived, if institution. Residence before) 13d INSIDE CITY LIMITS? 13c CITY OR TOWN 13e STREET AND NUMBER admessian) STATE 13b COUNTY YES VIIO 14. FATHER'S NAME Eirst Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost and in Bertha Roeder Louis Winter the ottending physician of the other 16g. WAS DECEASED EVER IN L.S. ARMED FORCES? 17 INFORMANT 16b. SOCIAL SECURITY NO Address Yes, no, or unknown) or remova! IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o cremation, DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave) burial-tronsit rise to immediate cause (a), signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1601 attending p as the hos been prior to 19g DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20c AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🔲 NO X for use O FUNERAL DIRECTOR: After this certificate 21g ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH be retained by the haspital HOUR A.M. Month Doy Year (If either, natify medical examiner) PM 3 should be detached 21d. IN URY OCCURRED 216. PLACE OF INJURY / AT HOME FARM, STREET, FACTORY 21f LOCATION Street or RFD No. State State Dept. City or Town County While Nat while at wark OR ATTENDING 22a. I certify that (I) (this hospital) attended the deceased from 2 From 6 to saw the deceased alive an 12 Am 1962, and that in (my) (aux) opinion death occurred on the date and haur and from the causes stated abave, (1) (we) (did) (did not) view the bady after death 22b SIGNATURE 22c. DATE SIGNED **ATTENDING** director, page 3 should be filed v DEGREE PHYS DIRECTOR PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Wood 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BUR AL CREMATION 23b DATE (County) (State) 4/20/68 Baltimore Greenmount Crematory Maryland 250. REC'D BY REGISTRAR 25b REGISTRAR S SIGNATURE VR A15 (4) 30M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

7.1		22 - 6 26 17													
// Y		ECEASED-NAME	First		Middle		Last		Za. DATE		D.	V	2b. HOUR		
-	. E	Ype or print) A1	thur		C.	I	Pinder			April	23	1968	7 A. H		
*	1. 5	x Male		4. RACE	• 4.		S. DATE OF B			6. AGE (In year		NDER 2 YEAR	IF UNDER 24 HRS. HOURS MIN		
	J.	nale		wn:	ite		Oct.	8, 188	5	last birthday)	YRS.	HS DATS	HITTIK2 WIN		
	7a	BIRTHPLACE (State or fo	reign	76 CITIZEN OF WH	AT COUNTRY?	8. MARRIED	NEVER MAI	RRIED	9. COUNTY						
ı	CGU	"" Maryland	1	U.S.	A	WIDOWED	DIVO	RCED	Bal	timore			Md		
İ		ITY OR TOWN OF DEAT		11 NA	ME OF HOSPITAL OR INS	TITUTION (If r	nat in hospital		L OCCUPATION	ON (Kind of work i	dane 12	ZE KIND OF I	BUSINESS OR		
ı	(Catonsville	9	Rid	during most of working ofe, even if retired Ridgeway Manor Nursing Home Guard										
	13a	USUAL RESIDENCE (Who	ere decease	d lived of instituti	an Residence before	13c CITY OF	R TOWN	13d INSIDE CITY LI		STREET AND NUMBE	R	Arcro			
	adm	ssion) STATE Mary	rland	136. COUNTY BE	altimore	Dunda	alk	AE2 WC	X 82	221 Longp	oint	Road			
ı	14	ATHER'S NAME FIR		M ddie	Last		S. MOTHER'S M	AJDEN NAME F		Midd	tle	Last			
ı		Solo	mon		Pinder	Fanni				nie			Knotts		
ŀ	160	WAS DECEASED EVER I		ED FORCES?											
7a 7		es no, ar unknawn) No	fit kar diva mi	ar or dates of service)	216-03-66	00 Ti	nomas P	inder,	8221	Longpoin	t Rd.				
ı	18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c))										APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
ĺ		PART I DEATH W	AS CAUSED		Sleeple		Dun	- wen	lei	7			very		
ı			71411112.0474		S A CONSEQUENCE OF			,					-		
ı		Canditions, if any, wh		(b)											
ı		rise to immediate co stating the underlyin			S A CONSEQUENCE OF										
ı		last.	9 (0035)	(c)											
ı		PART 2 OTHER SIGNIF	ICANT CON	DITIONS CONTRIBUT	TING TO DEATH BUT NO	T RELATED T	O THE TERMINA	AL D SEASE OR C	ONDITION GI	VEN IN PART I(o)					
ı	×														
	CERTIFICATION	19a. DATE OF OPERATIO	N 19b. 0	ONDITION FOR WHI	CH OPERATION WAS PER				20b IF YES, WERE FINDINGS COI CAUSES OF DEATH?			NSIDERED IN CERTIFYING			
ı	RIFL						YES [] NO 🔀	CAU	DES OF DEATH?					
ı		21 a. ACCIDENT WAS L			INJURY Manth Day Year	21c H	IOW INJURY OC	CURRED (Enter	nature of in	ijury in Port I or Po	art 2, Item	18.)			
ı	MEDICAL	(If either, natify medi	al examin	er) P.M.	19										
1	E	21d. INJURY OCCURRE	D 21e	PLACE OF INJURY	AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC.	ORY.) 21f L	OCATION Stre	et ar R.F.D. Na		ity ar Tawn	Ca	unty	State		
		While Mat while Cat work													
ı		22a. I certify tha	t (I) (thị	s haspital) atte	ended the decease	d from_	19ukg	, 19	6_/, ta_	23 cm	, 19 6	1, that	(I) (we) las		
ı		saw the dec	easea ai d above	(l) (we)(did)((did not) view the b	adv after	ia inai in ții death.	iy) (aur) api	man aean	n accurred an fr	ne aare a	na naur c	and tram the		
		22b. SIGNATURE	- 2-								22c DATE	SIGNED	<i>~</i> ?		
		SU.	ells	7000	day My	DEG	REE PHYS	NG 🔀 🖔	IED IRECTOR	STAFF PHYS.	27	SIGNED	F 01		
		22d. PHYSICIAN'S					22e. ADI					212	.27		
1		NAME (Type) M	17177	am Goodma	an	M.I)• T33	4 Sulpi	nur Sp	ring Rd.	Balt	imore	, Md.		
	23 a	BURIAL, CREMATION,	23b. [ATE	23c NAME OF C	EMETERY OF	CREMATORY		23d. LOCA	TiON (City or Town)) (Co	ounty)	(State)		
1		REMOVAL (Specify) Burial	4	/26/68	Morelan	d Memo	orial P			Balti	more,	Mary	land		
ſ	24	funeral director hn J. Duda	70	22 114 00	ADDRESS	lle Mr.	3	25a. REC'D B							
	00	mir o Duda	1 (7	CC MIZE I	ave. Dunda	LK, MC	2 #	DATE A	PR 2 !	5 1968	flua	Meso }	mage		

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by th≡ h≡spital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 35348 CERTIFICATE OF DEATH DECEASED-NAME Meddle Lost 20. DATE OF DEATH First 2b. HOUR requires that the death certificate be executed within 24 hours after death (Type or print) physician and completely filled in by the funeral en please remave carbon papers. Pages Land after de 3. SEX F LINDER 1 YEAR S. DATE OF BURTH IF UNDER 24 HRS lost birthday) cremation, or remayal, and in any event, within 72 hours 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED country) WIDOWED P DIVORCED [11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10 CITY OR TOWN OF DEATH work done 12b KIND OF BUSINESS OF INDUSTRY 130 USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER 13b. COUNTY YES 🖊 14 FATHER'S NAME 15. MOTHER S MAIDEN NAME First Middle Lost 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Yes, no, or unknown) (If yes give war or dates of service) 18. CAUSE OF DEATH (Enter only one couse per line for (a)...(b), and (c)) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (o) permit. ERMINAL signed by the burial-transit p Conditions, if ony, which gove a nse to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF physician. stating the underlying couse NEARS GeneRALIZED APTERIOSCIEROSIS PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 166) attending | use as the lath has been 190 DATE OF OPERATION 19b, CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO P far use Health YES 🖂 director, page 3 shauld be detached for us should be filed with the State Dent of the be retained by the hospital or 21o. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTR BUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21d IN.JRY OCCURRED 21e. PLACE OF INJURY / AT HOME, FARM, STREET FACTORY, 1 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while of work OFFICE BUILDING ETC Page 4 may be retained by it of FUNERAL DIRECTOR: After 220. I certify that (1) (this hospital) attended the deceased fram Seritze , 1965, to April 20, 1965, that (1) (we) last saw the deceased alive an April 20, 1965, and that in (my) (our) apinian death accurred an the date and hour ond fram the causes stated above, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING 20/68 DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type 5000 230 BUR AL, CREMATION 23d LOCATION (City or Town) (County) (Stote) 24 FUNERAL DIRECTOR VR A15 (4) 30M REV 1/68



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

(MA)		5347		CERTII	ICATE OF	DEATH				. 9			
		DECEASED NAME First	M ddle		Last		20 DATE OF DEATH			2b. HOUR			
e le		(Type or print)	145		PLA	Tu	APRIL Month	Doy	1968	4:00 PM			
-	3.	SEX	4. RACE		S. DATE OF BIR		6 AGE (In	years if		F JNDER 24 HRS			
the age		MALE	3TIHW		July	+ 17	1891 lost birth	G YRS	MINS DATS I	IUUKS MINI			
by Pour			7b CITIZEN OF WHAT COUNTRY?	8 MARR	ED 🔀 NEVER MARI	RIED 9.	COUNTY OF DEATH						
ty filled in by the property of papers Page within 72 hours	COI	ERWANT	U.S.Q.	WIDOW	ED DIVOR	CED 🗀	BALTIM	ORE		Md.			
Figure 1	10.	CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL (OR INSTITUTION	(If nat in haspital	12a USUAL	OCCUPATION (Kind of w	ark dane	12b. KIND OF BU	SINESS OR			
completely filled ove corbon paper y event, within 7	L	BALTO	give street address)			auring most	of working life, even if	retired)	GROC	ER			
nd completely remove corbon any event, with		USUAL RESIDENCE (Where deceases	d lived, if institution Residence be	fare 13c	OR TOWN	13d. INSIDE CITY LIMIT	A						
owe ove / ev	uu.	IIISSIGII) STATE MD	BALT C	>		YES NOCE	7 60 73 0	70000	ATE C	1			
	14	FATHER S NAME First	Middle	est	15 MOTHER'S MA	LIDEN NAME Firs	t	Middle	2	Lost			
Se I	L	DAVI		TWAT		ACI			PLA	W)			
pleose J, ond	16	O. WAS DECEASED EVER IN U.S. ARME Yes, no, or unknown) (If yes give well	r or dates of request		7. INFORMANT	0.		Address					
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endin or r	PART I. DEATH WAS CAUSED BY Cure by al Vascular Accident												
off per ion,		456.4	DUE TO, OR AS A CONSEQUENC	E OF			•		() -				
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rificate has been of for use as the of Health prior to	CFETIFICATION	170. DATE OF OFENATION 172. C	DIDITION OF WHICH OF EXAMINITY	AJ I EKI VAMEU	YES	NO.DI	CAUSES OF DEATH?		JOERED III CER.	III TANG			
es e h		210 ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	[2]			ature of injury in Part 1	or Port 2 Item	n 18 \				
ficat for f He	S.		HOUR A.M. Month Day	Year		(4.15)	and and and and and and		,				
	AFD OFF	TELO, INDUKT CUCCERKED TELE, P	PLACE OF INJURY (AT HOME, FARM, STRI OFFICE BUILDING, ETC.	19 EET, FACTORY \ 21	f. LOCATION Street	t ar R.F.D. Na	City or Town	((aunty	State			
his etoc Dep	П	While Nat while at work	L OFFICE BUILDING, ETC	, ,			,		,				
RCTOR: After this ce 3 should be detoche with the Stote Dept	П		haspital) attended the der	reased fram	Hori	0.1960	to April	(8°, 196)	5 , that(1)	(we) last			
d b	L	saw the deceased ali	s haspital) attended the derive on	1968,	and that in m	y) (aur) apıni	an death accurred o	an the date	and havr an	d fram the			
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3 ≥ ≥ = = = = = = = = = = = = = = = = =	L	22b. SIGNATURE	0000	χ, ,	ATTENDIN	G MEI		ZZC. DAT	E SIGNED	10			
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FUNERAL DIRECTOR: Affector, page 3 should be nould be filed with the St	23	BURIAL CREMATION, 23b. Da	ATF 23c NAM	E OF CEMETERY	OR CREMATORY		23d LOCATION (City or 1		(County)	(State)			
director, poge 3 should be filed v	1	presount to ri			Thorns					ma			
-		FUNERAL DIRECTOR	ADI	DRESS	\	2So. REC'D BY	- FORCED AND AGE IN	SERVERN LD C C C	MALARATAC				
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IO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter deat

Page 4 may be retained by the hospital or attending physicion.

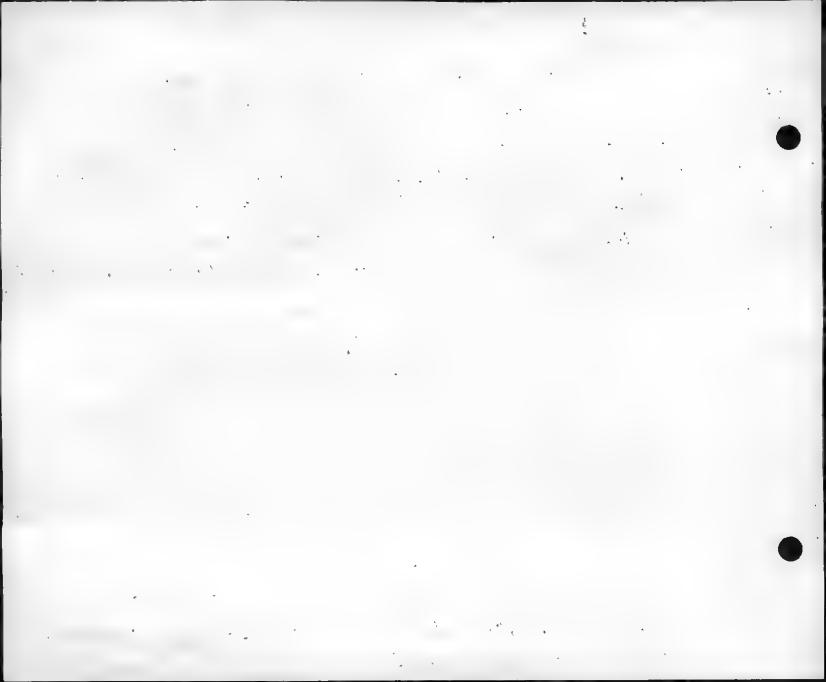


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED NAME M.ddle 20 DATE OF DEATH 2b HOUR (Type ar pant) Catherine ORTER :30Av Louise 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years IN UNDER 24 HRS iost birthday) 60 YRS MONTHS White December 23,1907 Female 7b. CITIZEN OF WHAT COUNTRY? 70 BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 8 MARRIED 🔀 NEVER MARRIED 🗍 (quntry) U.S.A. Baltimore. WIDOWED DIVORCED Maryland low requires that the death certificate be executed within 24 signed by the ottending physician and completely filled buriol-tronsit permit. Then pleose remove carbon paper O CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR ST. JOSEPH during most of working life, even fretired) Homemaker ond in ony event, with Towson 130. USUAL RESIDENCE (Where deceased lived, if institution, Residence before, 13c CITY OR TOWN 3e STREET AND NUMBER 13d INSIDE CITY UNLTS? admiss an) STATE Maryland 13b COUNTY 1201 Longford Rd. YES -NO X Lutherville 4 FATHER'S NAME First Middle Last IS MOTHER'S MAIDEN NAME First Edward J. Naughton Francis Gravenstein 160 WAS DECEASED EVER IN L.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT Yes, na/or unknown) or remayal, Fred W. Porter. Longford Rd. Luther 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Multiple pulmonary emboli IMMEDIATE CAUSE (a) ____ buriol, cremation, DUE TO, OR AS A CONSEQUENCE OF Canditians, of any, which gave) Intra-cranial hemorrhage rise ta immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF Ruptured congenital saccular stating the underlying couse aneurysm of the anterior cerebral artery PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(d) for use as the b has been 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? CAUSES OF DEATH? YES 53 NO | Poge 4 moy be retained by the hospital ar O FUNERAL DIRECTOR: After this certificate 21g. ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18) 215 TIME OF INJURY OR CONTRIBUTING TO CAUSE OF GEATH HOUR A.M. Manth Day (If either, notify medical examiner) detoched 21d INJURY OCCURRED 21e PLACE OF INJURY / AT HOME, FARM, STREET, FACTORY 1 21f LOCATION Street or R.F.D No. City or Town County State While Nat while at wark OR ATTENDING 22a. 1 certify that (X (this haspital) attended the deceased from 3/12/ , 19-68 , ta 4/11/ , 19-68 , that (4) (we) last saw the deceased alive an 4/11/ 19-68 , and that in (my) (aur) apinian death accurred an the date and haur and from the 68, that A) (we) last should causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** MED DIRECTOR STAFF PHYS. April 11, 1968 DEGREE poge 3 PHYS 22e ADDRESS 22d. PHYSICIAN'S Lawrence F. Misanik, M.D. NAME (Type) 7620 York Rd., Towson, Md. 21204 director, I 23c NAME OF CEMETERY OR CREMATORY 23a BUR AL, CREMATION, 23d LOCATION (City or Town) Oulaney Valley Memorial Cockeysville, Paryla Address 250. REC'D BY REGISTRAR 19680 REGEDERATE APR DATE APR

24. FUNERAL DIRECTOR

John Burns' Sons, Towson, Maryland

30M REV



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13525 \$ CERTIFICATE OF DEATH Middle 2a. DATE OF DEATH DECEASED-NAME requires that the death certificate be executed within 24 haurs after death (Type or print) BURNETT POWELL 3 SEX 5 DATE OF BIRTH F UNDER I YEAR 6 AGE (In years 6/10/07 lost birthdoy) MALE 9. COUNTY OF DEATH 70 81RTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIEN NEVER MARRIED NORTH CAROLINA BALTIMORE COUNTY U.S.A. WIDOWED [DIVORCED [11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10 CITY OR TOWN OF DEATH 12a USUAL OCCUPAT ON (Kind of work done 12b KIND OF BUSINESS OR The Company FORT HOWARD 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before, 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? 13b COUNTY 2330 W. Lexington Street BALTIMORE 15 MOTHER S MAIDEN NAME First 14. FATHER'S NAME First MOSES POWELL mac. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT CLIN.RECORDS, VA HOSPITAL, FT HOWARD, MD. Yes no or unknown) 217 05 77 42 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART I. DEATH WAS CAUSED 8Y:
URENTA BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF CARCINOMA OF PROSTATE Conditions, if any, which gove) rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATHS YES 🏋 NO [21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 2)c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH
(If either, natify medical examiner) HOUR A.M. Manth Day Year 21d. INJURY OCCURRED
While Not while at wark 21e. PLACE OF INJURY (AT HOME, FARM, STREFT, FACTORY,) 21f LOCATION Street or R.F.D. No. City or Town County State 22a. I certify that (1) (this haspital) attended the deceased from 3/10/68 saw the deceased alive an 11/25/68 19 _____, and that in (1) -, fa 4/25/60 and that in () (aur) apinian death accurred an the date and have and from the causes stated above, (\$ (we) (did) \$0,6368) view the body after death. 22b SIGNATURE ATTENDING PHYS MED.
DIRECTOR STAFF DEGREE director, page 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) VAH FORT HOWARD, MARYLAND NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL (Specify) BLURIEAT. 23d. LOCATION (City or Town) (County) BALTIMORE NATIONAL BALTIMORE. MARYLAND ELROY O. WILSON FUNERAL HOWARD & 6
CRIEANS STREET BATTIMORE MARYLAND 24. FUNERAL DIRECTOR 30M REV. 1/68



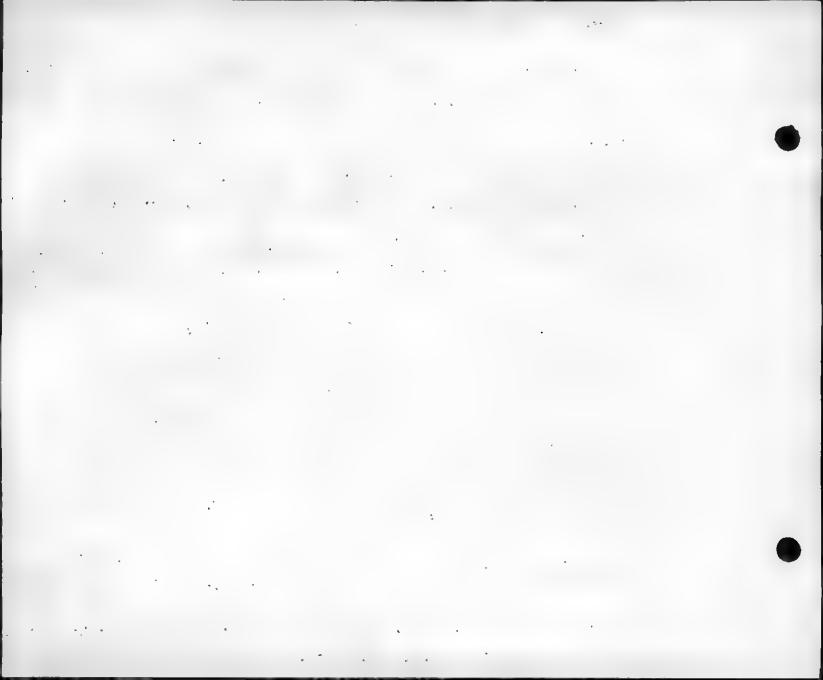
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 05352 Middle DECEASED-NAME First 2a. DATE OF DEATH 2h HOUR law requires that the death certificate be executed within 24 hours after death. (Type or print) Month AWREAVE E SEX 4 RACE IF UNDER 1 YEAR IF JADER 24 HRS. S. DATE OF BIRTH AGE (In veors HOURS last birthoay 177901 7a BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED equatry) 97071150112l DIVORCED signed by the attending physician and campletely filled i burial-transit permit. Then please remave carban papel 10. CJY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospitor 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of working life, even if retired.) ccounting 13a USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13e STREET AND NUMBER 13d. NSIDE CITY LIMITS? odmission) STATE 13b. COUNTY Laudall's town NO X YES 10005 14. FATHER'S NAME 15. MOTHER S MAIDEN NAME Last 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO Yes, no or inknown) [If yes give war or dotes of service] 10 ar remayal. 215-03-3386 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony/which gave) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be retained by the haspital ar attending of Health prior to this certificate has been 190 DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO [21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. detached / AT HOME, FARM, STREET, FACTORY, 1 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County Stote While Nat while at work 22a. I certify that (I) (this-hospital) attended the deceased from 4-14, 1968, to 4-14, 1966, that (I) (we) last saw the deceased alive an 4-14, and that in (my) (our) apinion death accurred an the date and haur and from the O FUNERAL DIRECTOR: After 3 should be causes stated above, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c DATE SIGNED ATTENDING director, page 3 shau d be filed v PHYS DIRECTOR PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 230. BURIAL CREMATION: 23d. LOCATION (C'ty or Town)

VR A15 (4) 30M REV. 1/68 24. FUNERAL DIRECTOR



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 2a DATE OF DEATH 2b HOUR law requires that the death certificate be executed within 24 hours after death 4/2/68 Month (Type or print) MARGARET DALE PRICE the attending physician and campletely filled in by the funera sit permit. Then please remove carban papers Page Trand 4 RACE S DATE OF BIRTH IF JNDER 1 YEAR SEX 6 AGE (In years last birthday)
93 YRS July 2, 1874 Female White 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 7b. CIT.ZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED country) Penna. BALTIMORE USA DIVORCED WIDOWED X 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPAT ON (Kind of work done 10 CITY OR TOWN OF DEATH 12b KIND OF BUSINESS OR g ve street address) College Manor during most of working life, even if refired.)
Housewife INDUSTRY Lutherville HOME even! 130 JSUAL RESIDENCE (Where deceased lived, if institution Residence before 13c. CITY OR TOWN 13e STREET AND NUMBER 13d INSIDE CITY LIMITS? Maryland 13b COUNTY YES 🗀 Woodbrook 6425 Murray Hill Rd. Balto. and in any Last 15. MOTHER'S MAIDEN NAME First Middle Lost 14. FATHER'S NAME Middle William Dale Henry Harrison Anna Beaver 17 INFORMANT : daughter Address Balto. -21212 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO Yes, na. or unknown) 220-44-3876 Mrs. Emily P. Richardson, 6425 Murray Hill 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN OWSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) burial-transit pern burial, crematian, DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FARMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) far use as the Health priar ta O FUNERAL DIRECTOR: After this certificate has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19o. DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? CAUSES OF DEATH? YES [NO 🖂 21a ACCIDENT WAS UNDERLYING 215 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME FARM, STREET FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County State While Not while at work 22a. I certify that (I) (this haspital) attended the deceased from Avan 19 2, 19 , to 2 , 19 6 b, that (I) (we) last saw the deceased alive an Avan 19 0 and that in (my) (our) opinion death occurred on the date and hour and from the 4 may be retained couses stated above, (I) (we) (did) (did not) view the bady offer death. 22c DATE SIGNED 22b SIGNATURE DEGREE MED 22d PHYSICIAN S NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a BUR AL, CREMATION 23b. DATE REMOVAL (Specify) Druid Ridge Cemetery Pikesville, Balto.Co., April 5. 1968 25g. REC'D BY REGISTRAR
DATE A F 4 24. FUNERAL DIRECTOR 21201

STEWART & MOWEN CO. 108 W. North Av., Balto DATE



. 1 /	MARYLAND STATE DEPARTMENT OF HEALTH
FOR STATE	I temp 2 2 2 2 Division of Vital Records, 301 W. Preston Street, Baltimore, Maryland 21201
HEALTH DEPT	1. DECEASED NAME First Middle Lost 20 DATE KNOWN Month Doy Year 2b HOUR (Type or Print) DESTI- TANANCE TRANSPORTED TO A ACT
Poge Poge	3. SEX 4 RACE S DATE OF BIRTH 6. AGE (In years F UNDER 1 YEAR 15 UNDER 24 HRS 2c DATE PRONOUNCED DEAD C 2d HOHR
deloy and 3 M3 Pog	Male White Dec 26, 1897 774 7085 HOURS MAN MONTHS DAYS HOURS MAN MONTH - DOYY - 6 19 5 4 N
Depart 4, 2, 2,	70. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED Y COUNTY OF DEATH
for for	Country) Virginia USA WIDOWED DIVORCED Baltimore M.
dea ve Po with	10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (Hi not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KiND DECYMENSOR) 130 USUAL OCCUPATION (Kind of work done 12b KiND DECYMENSOR) 131 NAME OF HOSPITAL OR INSTITUTION (Hi not in hospital or in hospital or inspiral o
olco wit	130 LSUAL RES DENCE (Where deceosed lived, if institution Res dence before 13c CITY OR FOWN 13d. ASSIDE CITY BIMITS? 13e. STREET AND NUMBER 13b. COUNTY Baltimore Essex YES No. 1432 Galena Road
hours Item 18 Office Office offer d	14 FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost
	Unknown Unknown
within 24 in pencil in Examiner's File poges	166 WAS DECEASED EVER IN L S ARMED FORCES? (Yes 20, of unknown) (If you gray wor or do less of service) (Yes 20, of unknown) (If you gray wor or do less of service) (Yes 20, of unknown) (If you gray wor or do less of service) (Yes 20, of unknown) (If you gray wor or do less of service) (Yes 20, of unknown) (If you gray wor or do less of service) (Yes 20, of unknown) (If you gray wor or do less of service) (Yes 20, of unknown) (If you gray wor or do less of service) (Yes 20, of unknown) (If you gray wor or do less of service) (Yes 20, of unknown) (If you gray wor or do less of service) (Yes 20, of unknown) (If you gray wor or do less of service) (Yes 20, of unknown)
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Q	196. CONDITION FOR WHICH OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO 210 EXTERNA. CALSE WAS 21b TIME OF NJURY Month, Doy, Year 21c, HOW INJURY OCCURRED (Enter notice of njury in Part 1 or Part 2 them 18.)
Third Third I he	21c EXTERNA. CALSE WAS 21b TIME OF NJURY Month, Doy, Year HOUR A.M. 19 21d INJURY OCCURRED 21e PIACE OF INJURY (At home form street 21f IDCATION Street or R.F.D. No. (1 type Town County Stote
EXAMINER: ute the certi oge 4 should r your files. Page 3 shou	21d INJLRY OCCURRED WHILE NOT WHILE AT WORK AT WORK AT WORK
2	22a. I certify that I toak charge of the remoins described above, held on Autopsy, Inspection Inquiry ond in my opinion death resulted fram: Natural causes Accident, Suicide, Homicide, Undetermined manner
All All	ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEP
o DEPUT F necessary, in the funeral S may be r O FUNERAL Health price	NAME (Type) M. B. Davis, M.D. 6800 Mornington Rdapresundalkayor, Mcdaury 21222
5 = = 25 =	230 BURIA, CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY LAIR 23d LOCATION (City or Town) (County) (Stote) Statistics (County) (Stote) Faltingre (/V.d/ Roanoke, Va.
VR A15ME (5)	24 FUNDADURECTOR 250 REC D BY REG STRAR 256 REG STRAR S SIGNATURE Bylzdzinski Funeral Home 1407 Hastern Ave. DATE APR 1 6 1968 KCharles Jungar
10M REV 1768	APR 10 1300



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	(N)	7		CERTIFICATE OF DEATH
death.	and 2	7		CEASED-NAME First Middle Lost 20 DATE OF DEATH 20 Hour 7320
Saffer	the for		3 SE	S. DATE OF BIRTH 4 RACE S. DATE OF BIRTH 4 - 24 - 1913 6 AGE (In years lift under 24 HRS. Months) Months Days Hours Min.
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s that the death certificate be executed within 24 haurs after cian.	physician and completely filled en please remave carban pape aval, and in any event, within 7.	. /	M	11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital during most of working life, even if retired) Wt. Wilson State Hosp. 120 USUAL OCCUPATION (Kind of work dane during most of working life, even if retired) Farmhand
ecuted	complei ave car y event	4	odm	USUAL RESIDENCE (Where deceosed lived, if institution Residence before 134 CITY OR TOWN 13d INSIDE CITY JATS? 13e STREET AND NUMBER 13b COUNTY S.T. Mary & S.C. Leveville YES NO X
pe ex	cian and co	p	Jo	ATHER'S NAME First And Middle Coulen Is. MOTHER'S MAIDEN NAME First, and Middle Sommer culties
ertificate	physicic en plec aval, ar		l6a Y	WAS DECEASED EVER IN U.S ARMED FORCES? 16b SOCIAL SECURITY NO. 20-16-8249 Records, Mt. Wilson State Hospital APPROXIMATE INTERVA.
leath ce	attending phy permit. Then ian, ar remaval			18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carrena of Exphaseus & Upper medical runs IMMEDIATE CAUSE (a) Carrena of Exphaseus & Upper medical runs
the d				Canditions, if any, which gave)
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w requi	een sig the bur		NO	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
The la	has buse as	/	CERTIFICATION	196. DATE OF OPERATION 196 CONDIT ON FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY? YES NO CAUSES OF DEATH? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
CIAN:	ortificate ad far i af Heo	4	MEDICAL C	21c ACCIDENT WAS UNDERLYING OR CONTR BUTING CAUSE OF DEATH (If either, notify medical examiner) 21c. HOW INJURY OCCURRED (Enter nature of injury in Part i or Port 2, Item 18.)
G PHY	this cert detached te Dept. a	2.0		21d. INJURY OCCURRED While Not while at wark 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D No City or Town County State at wark 21e.
ATTENDIN	R: After Told be the Stat	B		22a. I certify that (I) (this haspital) attended the deceased from 1 2 2 1968, to 1968, that (I) (we) las sow the deceased alive on 1968, and that in (my) (our) opinion death occurred an the date and hour and from the couses stated above, (I) (we) (did) (did not) view the body after death.
	DIRECTO	20		226 SIGNATURE DEGREE PHYS DEGREE PHYS DIRECTOR STAFF PHYS 22c. DATE SIGNED
SPITAL 4 may	Gr. pa	. 1		22d. PHYSICIAN'S NAME (Type) William Newcomer, M.D. 22e. ADDRESS Mount Wilson, Maryland
Page	director shauld		230 Bu	BUR A., CREMATION, PRINCE APRIL 6.1968 ST. JOSEPHS CEMETERY MORGANZA, ST. MARY S. MARYBAND
-	OM REV	1		FUNERAL DIRECTOR ADDRESS 250 RECO BY REGISTRAR S SIGNATURE DATE PR 8 - 1968 Charles Judges

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after death.

TO FUNERAL DIRICTOR: After this certificate has been signed by the attending physician and campletely filled in by the director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pageshauld be filled with the State Dept of Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs of

VR A15 PH 30M REV 1/68

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

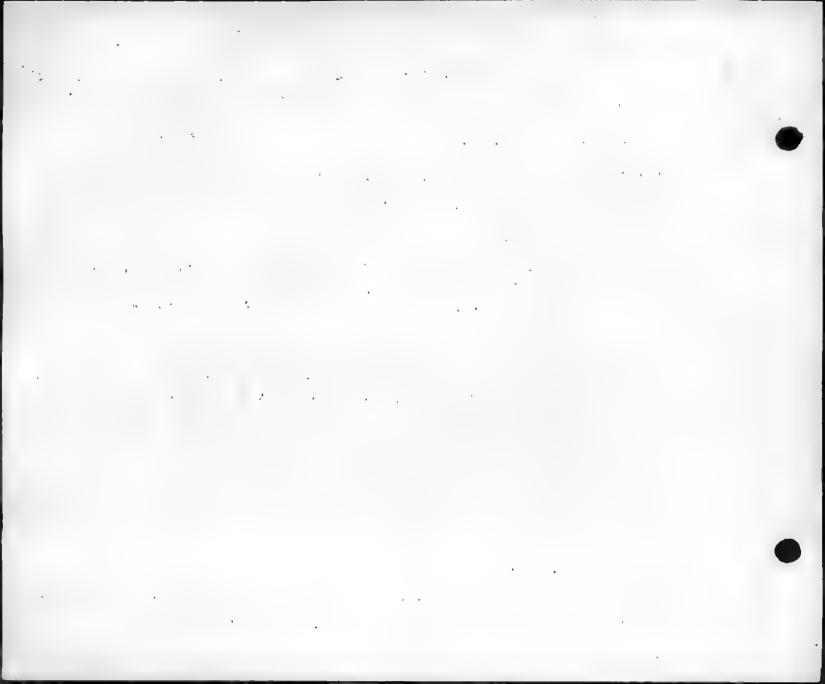
Page 4 may be retained by the haspital ar attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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(country) Maryland	U.S.	A.	WIDOWE			Baltim	ore			M
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14. FATHER'S NAME First	Middle	Last		IS. MOTHER'S MAID	DEN NAME Fir	rst	Middle	}		Last
	Unknown			i		1	Jnk no	WIL		
160 WAS DECEASED EVER IN U.S. ARM	IED FORCES? or or dates of service,	16b SOCIAL SECURITY N		. INFORMANT			Address			
Yes, no, or unknown) (If yes give w		none	I	losewood :	Record	s, Owings	Mill	5, M		
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21 a. ACCIDENT WAS UNDERLYING OR CONTR BUTING CAUSE OF DEATH (If either, notify medical examin	HOUR A.M.	INJURY Month Day Year				nature of injury in Po			18.)	
		AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC		LOCATION Street	or R F.D. Na.	City or Taw	n	Cor	unty	Stote
22a, I certify that (4) (thi saw the deceased al causes stated above	ive on 4	<u> 128 </u>	9 <u>.68</u> . c	ind that in fear d	, 192 (our) opin	56 , to 4/2 nion death occurre	o ed on the	19_60 dote o	, that nd hour c	(#) (we) lo: and from th
220 SIGNATURE	(C)	anes	DE	GREE PHYS 22e. ADDRE		ED. STAFF RECTOR PHYS.		22c. DATE: 4/3	SIGNED SO/68	
NAME(Type) Rich	ard A.	ones, M.D.		Rosew		t. Hosp.,		s Mi	lls.	Md.
	ay2,68	23c. NAME OF C		(emetery		23d LOCATION (City		1	ounty)	(Stote)
24 FUNERAL DIRECTOR J. F. Eline & So	ons Rei	ADDRESS sterstown,	Md.		So. REC'D BY		B. REGISTRA		ATURE O	edge

MAY



_		ΙTt	em 18c Film 406 10-30-6 MARYLAND STATE DEPARTMENT OF HEALTH
3	1		SEC DIVISION OF VITAL RECORDS, 301 W. PRESION STREET, BALTIMOKE, MAKYLAND 21201
			CERTIFICATE OF DEATH
#	- 54 <u>-</u>		CEASED-NAME First Middle Lost 20. DATE OF DEATH 2b HOUR
dec	5 B		THYLLIS LUCINDA KANDUPAL APILE 27 1968 7 P
The law requires that the death certificate be executed within 24 hours after death		3. SE.	FCMALE 4. RACE S. DATE OF BIRTH 1.26GRO S. D
OUTS	(1)	7o. B	IRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED TO LAUFUED MARRIED TO COUNTY OF DEATH
4 4 F	TE S	coun	MARYLAND U.S.A WIDOWED DIVORCED Baltimor
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**	ban wit		Mr. Wilson State Hospital House wife
pa	completely ave carba y event, w	13o.	USLAL RESIDENCE (Where deceased liver), if institution Residence before #13c, CITY OR TOWN [13d IMSIDE CITY (MMTS?] 13e STREET AND NUMBER
erut	ind completely remove carban any event, wit		ANVLAND
Š	rem in an	14. F	ATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost
ě,	sician of please I, and u	16 0	WAS DECEASED EVER IN L.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17, INFORMANT Address
ficet	physician nen please laval, and i		as no of unknown) (If yes give wer or dates of service)
T a	ded by the attending physician and completely identions to permit. Then please temave carbanal, cremation, ar remayal, and in any event, wit	H	APPROXIMATE INTERVAL
듚	attending p permit. The lan, ar rema		PART I DEATH WAS CAUSED BY. A < DAY VIA DUE TO A FRIEND A CONTROL OF A A I DAY VIA
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A S	ficate far us Health		21d ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Hern 18.) 31d ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Hern 18.)
SIC	certifiched pt. af	MEDICAL	(If either, notify medical examiner) P.M. 19 21d INJURY OCCURRED 21e. PLACE OF INJURY (ALHOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County State
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the	TOR: After this certification in the State Dept. at		thile Not while at work
9 2 2	After be State		22a. I certify that (I) (this hospital) attended the deceased from 2/28, 1968, ta 4/29, 1968, that (I) (we) la saw the deceased alive on 4/29 1968, and that in (my) (our) opinion death occurred on the date and hour and from the
25	Pe S H		saw the deceased alive on 4.37 1942, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated abave, (I) (we) (did) (did not) view the body ofter death.
	Should should the)	22c. DATE SIGNED
2 S	DIREC ed 3.5		DEGREE PHYS DIRECTOR STAFF PHYS.
Z Z	A DE ST	1	22d. PHYSICIAN'S 22e. ADDRESS
TIPE	FUNERAL DIRECTOR: irector, page 3 should be filed with the		NAME(Type) William Newcomer, M.D. Mount Wilson, Maryland 21112
HO	director,	23a	BURIAL (REMATON, 23b. DATE 23c NAME OF CEMETERY OR (REMATORY) (23d. LOCATION (City or Town) (County) (Stote)
5 2	5 0 x	1	PEMOVAL (Specify) 5-4-68 Arburus Hem. PK. Arburus, Md.
	VR A15 (4) 30M REV, 1/68	24,	FUNERAL DIRECTOR ADDRESS ADDRESS 250, REC D BY REGISTRAR'S SIGNATURE ADDRESS AD
	JUM RCV, 1708	W	to of Allson 17H1 11 allsound in Thate



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	W		CER	TIFICA	ATE OF	DEATH	ł					: 5	3
1 DECEASED NAME (Type or pnnt)	First		Middle		Lost		20	DATE OF D		Day	Vana	2b.	HOUR
(LAbe or bum)	WILL	IAM	STANLEY	R	AU				April	12,	1968		
3. SEX		4 RACE		S	. DATE OF I	BIRTH			B. AGE (In y lost birthd		IF LINDER YEAR		ER 24 HRS
	ale		White			y, 3,	1905			62YRS		TOOKS	
7o. BIRTHPLACE (Stote country)	or foreign 7	b. CITIZEN OF WI	m		NEVER MA		9. COU	INTY OF D	EATH				
West	Virgini		915	DOWED _		ORCED				imere			М
10 CITY OR TOWN OF		give	AME OF MOSPITAL OR INSTITUT street address)	1		durina	mast of v	varkina lif	Self	etired)	INDUSTRY	of Busines atin	
13a. USU AL REVISER admission) STATE	1(Where deceased	lived, if institut 13b. COUNTY	ian. Residence before	CITY OR T	OWN	13d #NSIDE CT		13e STRE	ET AND NU	MBER			
Mary	Land	130. 000111	B	ltim	ore	YES X	NU	101	1 Upn	or Rd	1. 21	212	
14 FATHER'S NAME	First	Middle	Last	15	MOTHER'S A	MAIDEN NAME	First		ħ	hiddle		Last	r
?						?							
Yes, no. or unknow	EVER IN U.S. ARME	D FORCES? or dates of service)	212093677		formant s. M	. Lor	etta	a Ra		ame			
			ne for (a), (b), and (c).)									OXIMATE INTE	
PART I. DE	ATH WAS CAUSED	BY: CAUSE (a)C	erebro-Vascu	lar l	Embel:	ism							
421			AS A CONSEQUENCE OF		_								
	ny, which gave	163 H	lemophlegia										
stoting the un	ote couse (a),{ derivina couse(1 /	AS A CONSEQUENCE OF					_					
last.											e		
PART 2. OTHER	SIGNIFICANT COND	ITIONS CONTRIBU	ITING TO DEATH BUT NOT RE	LATED TO	THE TERMIN	AL DISEASE O	R CONDITI	ON GIVEN	IN PART 1(d)			
34-													
190. DATE OF OP	RATION 195 CO	INDITION FOR WH	IICH OPERATION WAS PERFORM	MED	20a. AUT		v		ES, WERE FI OF DEATH?	NDINGS CO	NSIDERED IN	CERTIFYIN	ЯĞ
KIIF					YES								
	WAS UNDERLYING G CAUSE OF DEATH		FINJURY Month Doy Yeor	21c. HQV	V INJURY O	CCURRED (Er	nter nature	e of injury	in Part 1 o	r Port 2, Ito	em 18.)		
(If either, natify	medical examine	r) PM.	19										
- ZIG INJUKT UU	CURRED 21e P	LACE OF INJURY	(AT HOME FARM, STREET, FACTORY.) OFFICE BUILDING, ETC.	21f. LOC	ATION Str	eet or R.F.D.	No.	City o	r Town		County		State
While Nat v	ruis i			<u> </u>							-60		
22a. I certif	y that (I) (this	haspital) att	ended the deceased fr	gmI	arch	<u>27</u> , 19	- 60	to Ap	rii i	<u>4</u> , 19_	<u>00</u> , th	iat (I) (v	ve) la
saw the	e deceased all	/e on	April 12 19 (did not) view the bady	ofter de	tuat in fr	nyj (aur) o	ipinion (aeath oc	curred ar	the date	e and hai	ur and tr	om th
22b. SIGNATURE	310100 03010,	(17 (110) (414)	(d-d flar) view file add)	arror ac	Julii.					22c D/	ATE SIGNED		
	ag	(Fix	M.T	DEGRE	ATTEND PHYS	ING	MED DIRECTO	R 🗆	STAFF C	_ 1	pril	12.19	968
22d PHYSICIAN					22e AD	DRESS	Ditterio		11113.	-	<u> </u>		
NAME (Typ	Artur	Santos	s, M.D.		76	20 Yor	k Rd	. T	owson	Md.	21.20	4	
230 BUR AL, CREMAT	ION, 23b. D/	ITE	23c NAME OF CEMEN	ERY OR C	REMATORY		23d.	LOCATION	(City or To	wn)	(County)	(Stal	te)
Burial Special	(Y) L.	/16/68	Gardens	of	Fair	th Ce		1+1	more	Co	Md		
24 FUNERAL DIRECTO			ADDRESS			2So. REC I	L BY REGI	STRAR	968 RE	GISTRAR'S S	IGNATURE	0 .	
Leonard	.T. R116	k Inc	5305 Harri	han'	RA	DATE	M -	15	200	* Cu	mes	Yearly	H.

J. Ruck Inc. 5305 Harford Rd. DATE

Page 4 may be retained by the hospital or attending physicion.

**To FUNERAL DIRECTOR: After this certificate hos been signed by the attending physicion and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2-should be filed with the State Dept. of Hearth prior to buriol, cremation, or removal, and in any event, within 72 hours after defait.

Leonard

O HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hayfs after



requires that the demit certificate be executed within 21 hours after death. remove carbon papers. please the attending physical transfer in the physica crematian, ar removal, signed by the burial-transit p bunal, crematic tar use as the b f Health priar tab has been this certificate detached TO FUNERAL DIRECTOR: After be retained director, page 3 shauld be filed v

VR A15 [4]

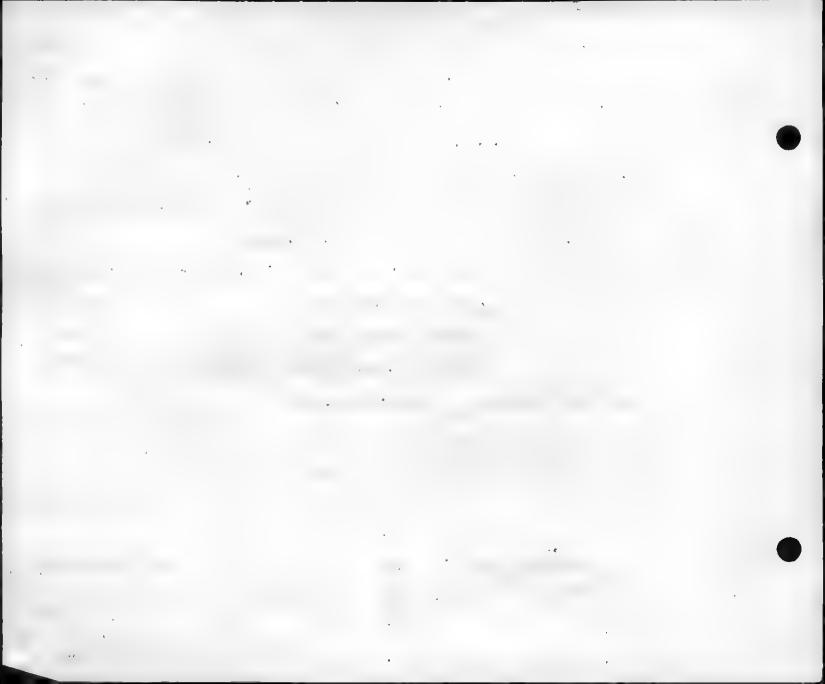
30M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

..5358 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Item 13 Film GLOO 5/2/68 kk DECEASED NAME Middie Last 2g. DATE OF DEATH 2b HDUR (Type or print) Flora Reed R. 3 SEX 4 RACE S. DATE OF BIRTH IF UNDER YEAR 6 AGE (In years lost birghdoy) 2/7/92 Female White 7o BIRTHPLACE (Stote or foreign 7b CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8 MARRIED NEVER MARRIED U.S. A. Maryland WIDOWED F DIVORCED [7] Baltimore 10 CITY OR IDWN OF DEATH 11 NAME OF HDSPITAL DR INSTITUTION (If not in haspital 12g USUA, DCCJPATIDN (Kind of work done 12b, KIND OF BUSINESS OR g ve street oddress Grove State Hospital most of working life, even if retired) Catonsville 13c CITY OR TOWN 130 USUAL RESIDENCE (Where deceased) yed, if institution, Residence before 13a INSIDE CITY LIMITS? 136 (DUNITY Baltimore Catonsville YES [ND 🔽 Maryland Shangri-La Nursing Home 14. FATHER'S NAME First Middle IS. MOTHER'S MAIDEN NAME First Louis C. Vogt Anna Naegel 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SDCIAL SECURITY NO. 17. INFORMANT Yes, no. ar unknown) I (If yes give war or dates of service) 219-112-2009 Records: Spring Grove State Hospital 18. CAUSE OF DEATH (Enter only one cause per one for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:

1MMEDIATE CAUSE (a) ARREST CARDIAC DUE TD. DR AS A CONSEQUENCE OF FAILURE Canditions, if any, which gove) HEART nse to immediate couse (a), DUE TO, OR AS A CONSEQUENCE DF stating the underlying couse YEARS WANTERIOSCLEROTIC HEART DISEASE PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR.CONDITION GIVEN IN PART 1(a) - UNDERNOURISH. 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? CAUSES OF DEATH? YES [7] 21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HDUR A.M. Month Day Year (If either, natify medical examiner) PM. 21d INJURY DCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County State While Not while at work 25 19 60 , that (1) (w/e) last 22a. I certify that (I) (this haspital) attended the deceased from 5/25/ 1967, ta ADTI 25 1968, that (I) (We) last saw the deceased alive an ADTI 25 1968, and that it (my) (88) apinion death accurred an the date and hour and from the causes stated abave, (1) (did) (did(taknot) view the bady after death. 22c. DATE SIGNED 22b SIGNATURE ATTENDING MI) DEGREE 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) NARCIS Spring Grove State Hospital RISTIGUETA. 23c. NAME OF CEMETERY DR CREMATORY 23d LDCATION (City or Town) (County)
Baltimore, Maryland (State) 23a. BURIAL CREMATION. 23b DATE REMOVAL (Specify) 4-29-1968 Loudon Park Cemetery

ADDRESS 24 FUNERAL DIRECTOR Howard H. Hubbard, 4107 Wilkens Ave.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED NAME Middle Lost 20. DATE OF DEATH First 2b HOUR Month 16 (Type or print) GILBERT W. REED April Day 1968 00 3 SEX 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR 6. AGE (In years last birthooy) Male White 8-23-1894 7b. CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE (State or foreign 9. COUNTY OF DEATH MARRIED [X] NEVER MARRIED [Baltimore Maryland U.S.A. WIDOWED [7] DIVORCED [11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10 CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR 9144306 Barrington Road Kensington 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? 13b. COUNTY YES [Kensington 4306 Barrington Road 14. FATHER'S NAME First Middle 15 MOTHER'S MAIDEN NAME First Lost Catherine Russell James Reed 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address [(If yes give war or dates of service) Yes, na, ar unknawn) 212-01-5418A Mrs. Genevieve M. Reed, 4306 Barrington Rd. 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND CEATH PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🖂 210 ACCIDENT WAS UNDERLYING 276 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. 21d INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION STREET OF R.F.D. No. 21s. PLACE OF INJURY City or Town County State While Not while at wark 22a. I certify that (I) (this haspital) attended the deceased from January 9, 1900, to April 10, 1900, that (I) (we) last saw the deceased alive an April 16, 1950, and that in (my) (con) opinion death accurred an the date and hour and from the causes stated abave, (i) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED MED. DIRECTOR 4-17-68 22d. PHYSICIAN'S NAME (Type) 22e ADDRESS 1009 Frederick Road, Catonsville, Md. Dr. John A. Nesbitt, Jr. 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL CREMATION. 23b. DATE (County) BURIAL (Specify) 4-20-1968 Loudon Park Cemetery Baltimore, Maryland

256 REGISTRARS S GNATUR

25a REC'D BY REG STRAR

puo

signed by the attending physician and completely filled in by the funeral buriol-transit permit. Then please remove carbon papers. Pages I and burial, cremotian, or removal, and in any event, within 72 hours after dash

The law requires that the death certificate be executed within 24 hours after

ottending physicion.

O FUNERAL DIRECTOR: After this certificate has been

etorhed

lirectar, page 3 Should be filed v

24. FUNERAL DIRECTOR

Howard H. Hubbard, 4107 Wilkens Ave. 21229

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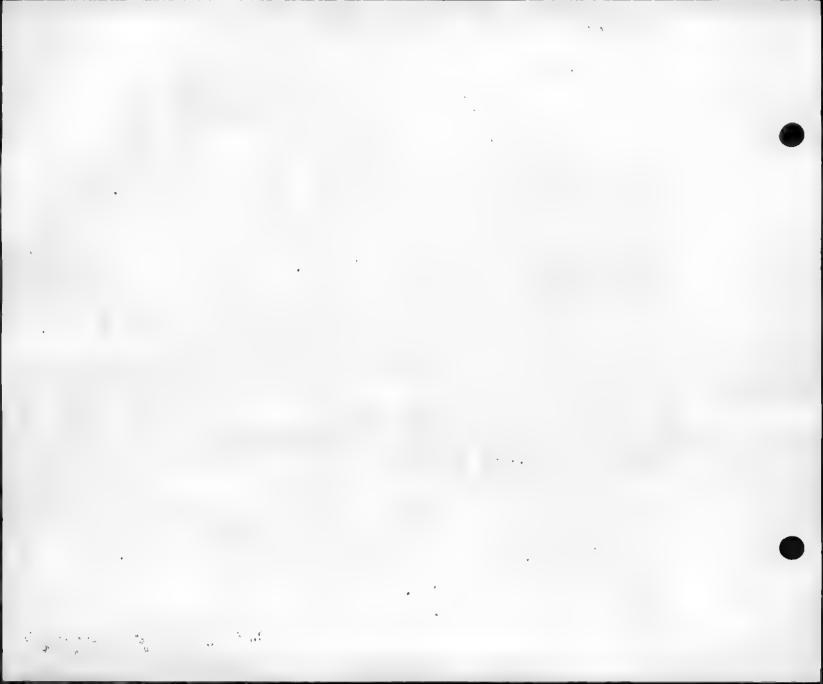
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban pageshould be filed with the State Dept. of Health priar to burial, crematian, or removal, and in any event, with in the state Dept. Page 4 may be retained by the haspital ar attending physician.

30M REV 1748

	47	_											
	ECEASED NAME	Firs	t	Middle		Lost		20 (DATE OF DEATH				2ь ночв
(1	(ype or print)	Annie		Elizabet	th	Reeves	3		April	Ty	, 196	8	Tily
3 SI	X		4. RACE			S. DATE OF BI	RTH		6. AGE (In y		IF UNCER I YEAR	R IF	JNOER 24 HR
	female		Wh	ite		12/	/1/86		lost birthdo	YRS	MONTHS DAT	/S HC	OURS MI
70	BIRTHPLACE (State	or foreign	7b. CITIZEN OF WI	IAT COUNTRY?	8. MARI	RIED NEVER MAR	RIED	9. COU	NTY OF DEATH				
(O)	Balto.,	Md.	U.S.				RCED	Ва	ltimore				
10 (ITY OR TOWN OF	DEATH	11 N/	AME OF HOSPITAL OR INS	TITUTION	(If not in hospital		AL OCCU	PATION (Kind of wor		12b. KIND		SINESS OR
	Catonsvi			ring Grove							INDUSTRY		
odm		(Where decei	126 COUNTY	on: Residence before Baltimore			YES NO	IM TS7	13e STREET AND NUI 245 Cold		Road	i	
4	FATHER'S NAME	First obert	Middle	Lost		15 MOTHER'S MA	AIDEN NAME F			hodle			Lost
		.ooert	Α.	Murra	47			ELI	zabeth		Wash	bou	ırne
	. WAS DECEASED E		RMED FORCES? war at dates at service)	16b SOCIAL SECURITY I		7 INFORMANT				ddress			
	No	, , ,		220-46-06	523	Records:	Spri	ng	<u>Grove Sta</u>	te Ho			
	18. CAUSE OF C	EATH (Enter o	nly one couse per lin	ne for (a), (b) and (c))								AND DEATH
	PART I. DEA	ATH WAS CAUS	ED BY: HATE CAUSE (o)	neumonit	is,	bilate	ral,	org	. unk.		1	. W)	k.
	374	1	DUE TO, OR A	S A CONSEQUENCE OF									
	Conditions, if on) (b) D	ecubit us	ul	cers ov	er th	8 S	acral re	gion	1 2	. W]	ks.
	rise to immedia stating the und		DUE TO, OR A	IS A CONSEQUENCE OF	mi	tral st	enosi	s a	nd ASCVH	D			
	(c) Chronic Congestive Ht. Failure 2ny to										1	. M	onth
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)												
Z	1												
CERTIFICATION	190. DATE OF OPE	RATION 19	. CONDITION FOR WH	ICH OPERATION WAS PE	RFORMED	20a. AUTO			206 IF YES, WERE FI	NDINGS CO	NSIDERED IN	CERTI	FYING
HE						YES 🗌	NO.		CAUSES OF DEATH?				
	210. ACCIDENT		E 1 W 11111 41		2	1c. HOW INJURY OCC	CURRED (Ente	r noture	of injury in Port 1 or	Port 2, Ite	em 18.)		
WEDICAL	OR CONTRIBUTING	medical exam	ATH HOUR A.M.	Month Doy Year	,								
Æ	21d. INSURY OC	CURRED 21		AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.		If LOCATION Street	et or R.F.D. No		City or Town		County		Stote
	While Not v	41111G		WITHE BUILDING, ETC.									
	22a. I certify	(that N) (t	his haspit <mark>al) at</mark> te	ended the decease	ed frog	10/23	, 195	7_,	to_April.	L9, 19_	68 , th	at (X)) (we) la
	saw the	deceased	alive an AT	<u> </u>	9 00	, and that in (m	ıy) (aur) api	inian d	leath occurred an	the date	e and hai	ur and	d from t
		stated abay	/e, (I) (Vare) (cold)	(did nat) view the	pody a	rrer dearn.				20. 0	ATE SIGNED		
	22b. SIGNATURE	Mu	my fill	my flip	40	DEGREE PHYS		MED. DIRECTOR		1 4-	19-68		
	22d. PHYSIÉTAN' NAME (Type	s n ant	hony J. Y	oung, M.D.		22e. ADC		-	Grove Stat re. Maryla		-	1	
-	D. DIAL ADSILLY						Darr	_					(6)
230.	BURIAL, CREMAT REMOVAL (Specif Entombine		DATE /02 /69			y OR CREMATORY alley Cer	naters		LOCATION (City or To		(County) Id. Ba		(Stote)
	Entombm€ Funeral directo		-/23/68	ADDRESS	ey v	arrey cer	2So REC'D	W 10		GIST ON		(1	
			. Л		ьа	21204		al.ik.	2"3 1300"	fee	Carlot Carlo	Jan 1	unge.
W	m. Gook-	-Brooks	Towson .	1050 York	K.C.	Z 1 Z U 4	DATE					17	-



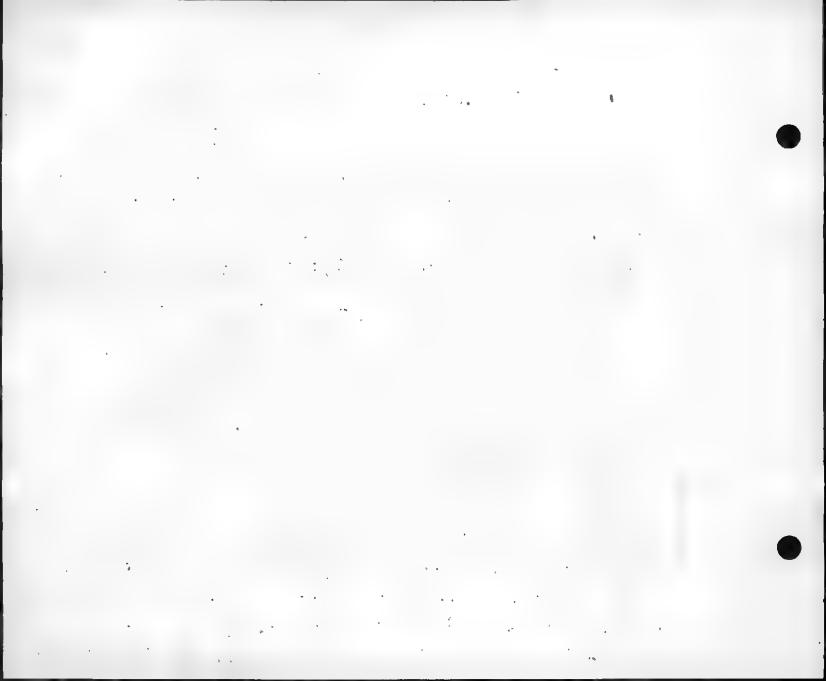
1	MARYLAND STATE DEPARTMENT OF HEALTH
COD CTATE	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FUR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
Poge to the HEALTH DEALTH	1 DECEASED NAME Steven Dennis Reidt 20 DATE KNOWN Maryti Day Year 20 HOUR (Type or Print) Steven Dennis Reidt DEATH MATED Are 18 18 9 PM
PM3 Poor	3 SEX 4 RACE 5. DATE OF BIRTH 6. AGE (in years 1 Sunder 1 YEAR 1 1 Judger 24 HRS 2c DATE PRONOUNCED WAD 2d HOUR MONTHS DATS HOURS MAIN MORTH 1969 9 M
Dep Dep	70 BIRTHPLACE (State or fareign 76 CHTIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 79. COUNTY OF DEATH COUNTRY) WIDOWED DIVORCED MACHINE MACRIED MACR
hours ofter death Item 18. Give Pages Office along with fai Land 2 with the State after death	10. CITY OR TOWN OF DEATH) 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital during most of marking life, exprired lind by the lind of surface of linds of lind
hours ofter death Item 18. Give Pag Office along with and 2 with the Sto after death	130 USUA, RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER Rd
thours ofte them 18. Gi Office alon and 2 with	14 FATHER'S NAME FIRST AND MIDDLE STANSBURY
I with n 24 n pencil in Examiner's File pages 1 72 hours	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL SECURITY NO 17. INFORMANT (Yes no, yr Lykpown) (1yes give wor or do'es of service) 220-161-5165 Do Wald L. Reidt. New Freedom Pa. 1774
be executed with per pending in per hief Medical Examons; permit. File perent within 72	8 CAUSE OF DEATH (Enter anly one couse per line of (b) and (c)) PART I DEATH WAS CAUSED BY MMEDIATE CAUSE (o) APPROXIMATE INTERVA. BETWEEN ONSET AND DEATH
nould be executed word "pending" is the Chief Medical rial-tronsit permit.	Canditions, if ony, which gave) DUE TO, OR AS A CONSEQUENCE OF
word word the C rial-tr any	rise to immediate cause (a) stating the underlying couse as a consequence of last.
± = 0 = 0	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
certifical orwarded used as a moval, a	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION 20 AUTOPSY?
0. 0	19a DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO 21a EXTERNA. CAUSE WAS 21b TIME OF INJURY Manin, Day Year 21c EXTERNA. CAUSE WAS 12lb TIME OF INJURY Manin, Day Year 21c HOW INJURY Manin, Day Year 21c EXTERNA. CAUSE WAS
Tifico Bad bad bad bad bad bad bad bad bad bad b	21a EXTERNA. CAUSE WAS PRIMARY FOR CONTRIBUTING 21b TIME OF INJURY Manth, Day Year 21c HOW INJURY GLORRED (The Part 1 or Part 2 fem 18) PRIMARY FOR CONTRIBUTING 21b TIME OF INJURY Manth, Day Year 21c HOW INJURY GLORRED (The Part 1 or Part 2 fem 18) PRIMARY FOR CONTRIBUTING 21b TIME OF INJURY Manth, Day Year 21c HOW INJURY GLORRED (The Part 1 or Part 2 fem 18) PRIMARY FOR CONTRIBUTING 21b TIME OF INJURY Manth, Day Year 21c HOW INJURY GLORRED (The Part 1 or Part 2 fem 18) PRIMARY FOR CONTRIBUTING 21b TIME OF INJURY Manth, Day Year 21c HOW INJURY GLORRED (The Part 2 fem 18) PRIMARY FOR CONTRIBUTING 21b TIME OF INJURY Manth, Day Year 21c HOW INJURY GLORRED (The Part 2 fem 18) PRIMARY FOR CONTRIBUTING 21b TIME OF INJURY Manth, Day Year 21c HOW INJURY GLORRED (The Part 2 fem 18) PRIMARY FOR CONTRIBUTING 21b TIME OF INJURY Manth, Day Year 21c HOW INJURY GLORRED (The Part 2 fem 18) PRIMARY FOR CONTRIBUTING 21b TIME OF INJURY Manth, Day Year 21c HOW INJURY GLORRED (The Part 2 fem 18) PRIMARY FOR CONTRIBUTING 21b TIME OF INJURY MANTH, DAY YEAR AND THE PART 1 or Part 2 fem 18) PRIMARY FOR CONTRIBUTING 21b TIME OF INJURY MANTH, DAY YEAR AND THE PART 1 or Part 2 fem 18) PRIMARY FOR CONTRIBUTING 21b TIME OF INJURY MANTH, DAY YEAR AND THE PART 1 or Part 2 fem 18)
	21d INJURY OCCURRED 210-PCACE OF INJURY (At hamp, form, street, while at work
Stcal Examileose execute the director. Page 4 etained for your DIRECTOR: Page in to buriol, creming to buriol, creming the director of the buriol.	220. I certify that I took charge of the remains described above, held on Autopsy , Inspection , Inquiry , and in my opinion
e ex red 1 ed 1 bur	death resulted fram? Natural causes Acc dent , Suicide , Homicide , Undetermined manner
TY Deose rol directed refame (AL DIRECted Personne retaine to prior to be	CHIEF MEDICAL EXAMINER
# # # # # # # # # # # # # # # # # # #	SIGNATURE LIL ALLEST CONTROL ASSISTANT MEDICAL EXAMINER 226 DATE SIGNED
o DEPUTY necessary, pl the funerol of s may be re o PUNERAL (EXAMINER'S NAME (Type) Charles F. O'Donnell, M.D. DEPUTY MEDICAL EXAMINER ADDRESS (Street, city, town, or county)
necessor the fun 5 moy 50 FUNE	230 BURIAL CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State)
- Par	Barriet 5-1-68 Mt. Zion. Cemerry Freeland, Balto. Md.
VR A15ME (5)	24. FUNERAL D'RECTOR 250 REGISTRAR SIGNATURE ADDRESS TO DATE MAY 2 1968 ACCIONANT SIGNATURE
10M REV 1/68	freely 1 and 1 hard 1 harden 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle DECEASED NAME First 2a. DATE OF DEATH 26 HOUR law requires that the death certificate be executed within 24 hours ofter death (Type or print) physician and completely filled in by the forestainen please remave carban papers. Pages I and nen please remave within 72 hours after dea LORFAICE 3 SEX S DATE OF BIRTH 6 AGE (In years F JNDER 1 YEAR IF UNDER 24 HRS lost birthday) MONTHS HOURS 189 7a. BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH MARRIED NEVER MARRIED DIVORCED 10 CITY OR TOWN OF DEATH 11 NAME OF HOSP TAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS, OR give street address) during most of working life, even if retired) JAKTIMORE 130 USUAL RESIDENCE (Where deceased lived, if Institution- Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d INSIDE CITY LUMITS? 13b. COUNTY 14. FATHER'S NAME Middle Lost IS MOTHER'S MAIDEN NAME First 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Yes, no. or unknown) [(If yes give war or dates of service) ar remaval, 05925 OMAHA signed by the attending phy burial-transit permit. Then burial, crematian, ar remava 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART L DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Arterioscleratic Cardio-vascular Disease BETWEEN ONSET AND DEATH yrs. DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF physician. stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) attending p **TO FUNERAL DIRECTOR:** After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. of Health priar to CERTIFICAT, ON 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🔲 NO-F Page 4 may be retained by the haspital ar 21a ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. (AT HOME, FARM, STREET, FACTORY,) 21f LOCATION Street or R.F.D No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY Stote City or Town County While Nat while at work 22a | certify that (I) (this chaspital) attended the deceased fram Nov., 19.56, to April , 19.68, that (I) (ver) last saw the deceased alive an Nov. 19.68, and that in (my) (over) aprinian death accurred an the date and haur and from the causes stated above (1) (we) (sigh) (did not) view the bady after death. 22b. SIGNATURE 22c DATE SIGNED **ATTENDING** DEGREE April 22. 1968 PHYS DIRECTOR PHYS. Gaver 22d. PHYSICIAN'S 22e. ADDRESS Mallow Hill Ave. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY ALOCATION (City or Town) BURIAL CREMATION. (State) (County) BREMOYAL (Specify) BALTIMOR FUNERAL DIRECTOR **ADDRESS** 25a REC D'BY REGISTRAR REGISTRAR'S SIGNATURE 30M REV. 1/68

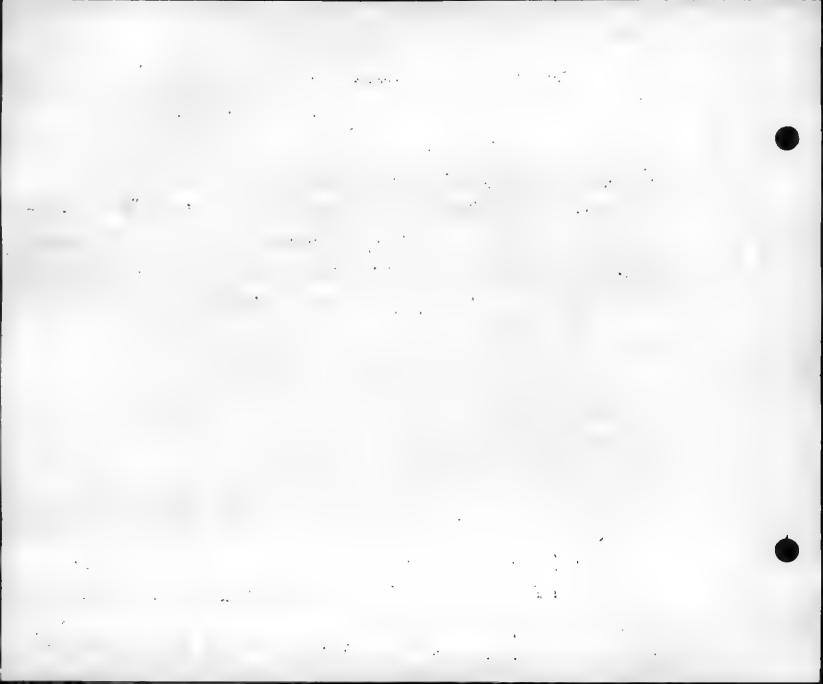


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH I DECEASED-NAME First Middle 2o. DATE OF DEATH 2b HOUR requires that the death certificate be executed within 24 hours after death (Type or print) Nicholas Yeor 68 4. RACE S DATE OF BIRTH IF UNDER 1 YEAR 3. SEX 6. AGE (In years IF UNDER 24 HRS. MAIE iast birthdoy) MONTHS HOURS 9-188 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) WIDOWED T DIVORCED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give_street oddress) during most of working life, even if retired) carban Itimore Forest Haven 13o USUAL RESIDENCE (Where deceased lived, if institution, Residence before 113c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e, STREET AND NUMBER 13b. COUNTY 16 imove burial-transit permit. Then please remay burial, crematian, ar remaval, and in any 14. FATHER'S NAME Middle Lost MOTHER'S MAIDEN NAME First emetre Known 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT Yes, no, or upknown) 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))
PART I. DEATH WAS CAUSED BY: signed by the attending BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) Conditions, if ony, which gove) INSUFFICIENCE UBCULAR rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse by the haspital ar attending physician PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the has been 190 DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? ATTENDING PHYSICIAN: The NO C YES 🔲 O IUNIRAL DIFFERENT: After this certificate 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 48) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 2.d IN. JRY OCCURRED 21a. PLACE OF INJURY AT HOME, FARM, STREET FACTORY, 1 21f LOCATION Street or R.F.D No. City or Town County State White Not while of work 220. I certify that (I) (this-baspital) attended the deceased from 575 _196 1, and that in (my) (our) opinion death occurred on the date and hour and from the be retained director, page 3 shauld shauld be filed with the 22b. SIGNATURE 22c. DATE SIGNED MED. DIRECTOR STAFF PHYS. DEGREE PHYS 22d PHYSICIAN'S 22e. ADDRESS NAME (Type) STOV EDMANNING BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) (County) REMOVAL (Specify) Baltimore 24 FUNERAL DIRECTOR 30M REV 1/68

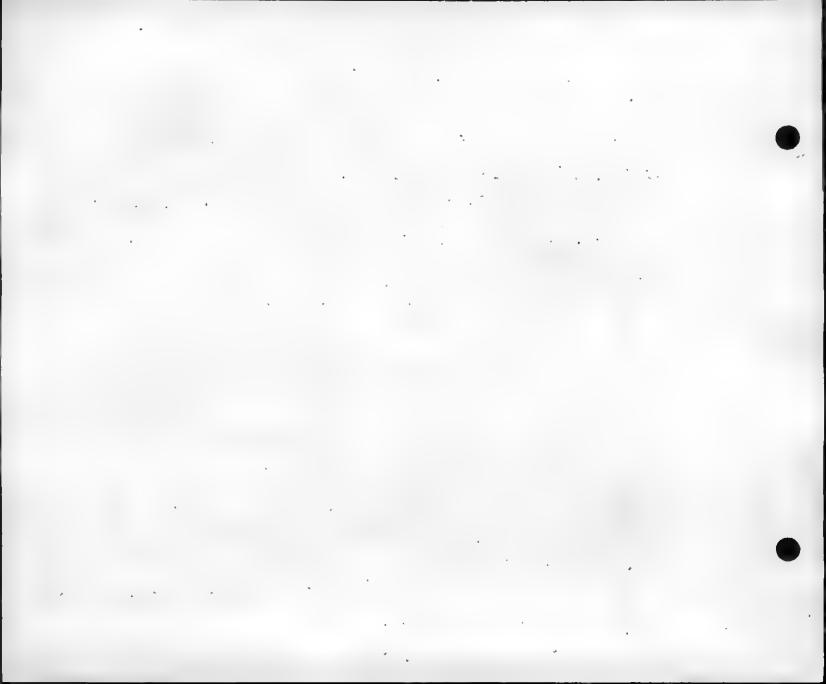


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH **DECEASED-NAME** Middle Last 20. DATE OF DEATH 2b. HOUR ofter death (Type or print) ROBINSON GERTRUDE 3 SEX A RACE IF UNDER 24 HRS. S DATE OF BIRTH 6 AGE (In years lost b rthooy) MONTHS 26 9 COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED **I**.⊆ country) usa BALTIMORE DIVORCED [WIDOWED [· p Ba within 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUA, OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR requires that the death certificate ba executed within give street address during most of working life, even if retired) INDUSTRY carban JACLIMORE 7902 IV 13a USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 138 INSIDE CITY EMITS? 13e STREET AND NUMBER admission) STATE 13b. COUNTY YES NO 🔽 remove and in any 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle Middle Last and BRAVE MEYER physician a ien please JRAVE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address Yes, no, ar unknawn) signed by the attending physi burial-transit permit. Then pl burial, crematian, ar remaval, 212-16-2484 902 IVY 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) BETWEEN ONSET AND DEATH PART DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF the Canditians, if any, which gove) rise to immediate couse (a), ò DUE TO, OR AS A CONSEQUENCE OF attending physician. stoting the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE OR CONDITION GIVEN IN PART 1(6) as the has been 190 DATE OF OPERATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? CAUSES OF DEATH? YES 🖂 Health g this certificate 210 ACCIDENT WAS UNDERLYING 215 TIME OF INBIRY 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 1B.) the haspital OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year detached for Dept. of I (If either, natify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED County Stote City or Town While Not while at work 220. I certify that (I) (this bospital) attended the deceased from 1965, and that (I) (we) last saw the deceased alive on 11600 5, and that III (my) (ear) opinion death occurred an the date and hour and from the O FUNERAL DIRECTOR: After ATTEMPIN be retained director, page 3 should should be filed with the causes stated above, (1) (we) (did) (did not) view the bady after death. 22b SIGNATURE 22c. DATE SIGNED **ATTENDING** PHYS DIRECTOR PHYS 22d, PHYSICIAN S 22e_ADDRESS NAME (Type) 1000 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Tawn) 230 BURIAL CREMATION (Stote) (County REMOVAL (Specify) BET BALLO 250 REC'D BY PEGISTRAN 24 FUNERAL DIRECTOR

DATE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle DECEASED NAME First Lost 2n. DATE OF DEATH ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hagrs after death ond (Type or print) 6R15/ signed by the ottending physicion ond completely filled in by the fur buriol-transit permit. Then please remove corbon papers. Pages 1 burial, cremotion, ar removal, ond in ony event, within 72 hours ofter 4 RACE S. DATE OF BIRTH F UNDER YEAR IF UNDER/24 MRS 3. SEX 6 AGE (In years HOURS MONTHS DAYS 9. COUNTY OF DEATH 70 BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 8. MARRIED MEVER MARRIED (duntry) U.5,A WIDOWED [DIVORCED [19. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 2a USUAL OCCUPAT ON (Kind of work done 12b KIND OF BUSINESS OR give street address)
2018 Rolling wood during most of working life, even if retired) INDUSTRY 13a. USLA, RESIDENCE (Where deceased lived, if institution. Residence before \$13c, CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER 136 COUNTY & admission) STATE YES] 4 FATHER'S NAME **First** Middle Lost IS. MOTHER'S MAIDEN NAME First physicion o 160. WAS DECEASED EVER IN L.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no. or unknown) APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a)_(b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF **O HOSPITAL OR ATTENDING PHYSICIAN:** The low requires the Poge 4 may be retained by the hospital or ottending physician. stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) prior to os the hos been CERTIFICATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19n. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? CAUSES OF DEATH? YES 🗀 NO T State Dept. of Health O FUNERAL DIRECTOR: After this certificate 21d. ACCIDENT WAS UNDERLYING 215 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) وَ OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. 21d. N. JRY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street of R.F.D. No. State City or Town County While Not while at work OFFICE BUILDING, ETC. 220. I certify that (I) (this haspital) attended the deceased from 19 6 and that in (my) (our) opinion death occurred on the date and hour and from the saw the deceased alive on. director, page 3 shauld should be filed with the couses stated above, (I) (we) (did) (did not) view the body after death. 226 SIGNATURE 22c. DATE SIGNED ATTENDING PHYS DEGREE DIRECTOR 22d. PHYSIC AN S 22e ADDRESS NAME (Type) director, BURIAL, CREMATION 23b DATE (County) (State) REMOVAL (Spec. (y) 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE **ADDRESS** DATE



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VR AISME (5) 19M REV 1/68 Wm. Gook-Brooks Towson 1050 York Rd. 21204 DATE MAY 3 1988 Icharles Judge	VR ALSME (5)			Towson 1050 Vo			. A.	



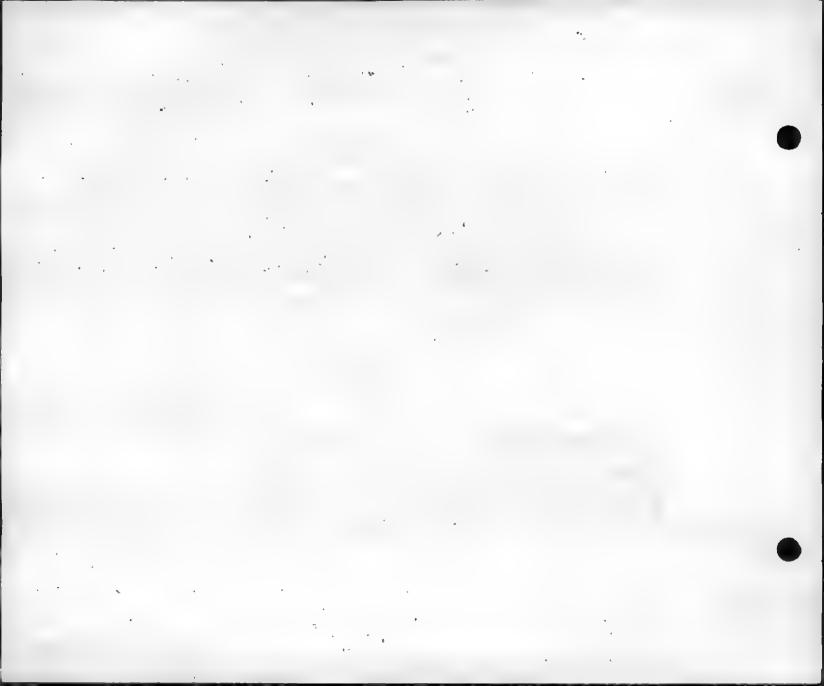
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W, PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH DECEASED NAME Middle 20 DATE KNOWN TO Manth Yeor 2b. HOUR (Type or Print) ESTI-00 OF Page Robina Meeteer Roeth DEATH MATED [1961 6 AGE n years IF UNDER I YEAR IF LINDER 24 HRS 3 SEX 4. RACE S DATE OF BIRTH 2c DATE PRONOUNCED DEAD 2d HOUR pug 83 HOURS 12-25-1884 Female White To BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? MARR ED NEVER MARRIED 9 COUNTY OF DEATH Baltimore WIDOWED IX DIVORCED Pages Chestertown NK USA after death TO CITY OR TOWN OF DEATH 11 NAME OF HOSP TAL OR INSTITUTION (If not in hospital 120 JSJA, OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR 5415 Montbel INDUSTRY during most of working life, even if retired.) the Baltimore Avenue At Home death. 13d. INSIDE CITY LIM IS? 130 USUAL RESIDENCE (Where deceased lived it institution: Residence before 13c CITY OR TOWN 13e STREET AND NUMBER odmission) STATE Maryland 13b COUNTY Baltimore YES 📄 NO 🔀 Baltimore 5415 Monthel Avenue land2 Item] 14. FATHER S NAME Middle 1S. MOTHER'S MAIDEN NAME Charles Rolph Robina haurs Watkin Examiner's sabod 16a WAS DECEASED EVER NJS ARMED FORCES? 16b SOCIA, SECURITY NO. 17. INFORMANT ADDRESS pencel be executed within (Yes, ng, or unknown) (If was give war or dates of service) Joseph H.Radcliffe +5415 Montbel Vone Avenue File within 18 (AUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) BETWEEN ONSET AND DEATH perm,t. PART I. DEATH WAS CAUSED BY-CINOMA IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if onv. which gave nse ta immediate cause (a), This certificate shauld the word DUF TO, OR AS A CONSEQUENCE OF stating the underlying couse the ⊆ PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 Vascular remava 190 DATE OF OPERATION 20. AUTOPSY? WAS PERFORMED? YES [NO TA pe shaula be 21g EXTERNAL CAUSE WAS 21b T ME OF INJURY Manth, Day, Year 21c HOW INJURY OCCURRED (Enter nature of mury in Part 1 or Part 2, Item 18) MEDICAL PRIMARY OR CONTRIBUTING HOUR A.M. DICAL EXAMINER: crematian, CAUSE OF DEATH 21e PLACE OF INJURY (At home, form, street, 21d ANJRY OCCURRED 21f LOCATION Street of R.F.D. No. C ty or Town Caunty State factory, office building, etc.) DIRECTOR: Page BUHW TON Page AT WORK 22a. I certify that I taak charge of the remains described above, held an Autopsy ... Inspection XI. Inqu'ry and in my apinian death resulted fram: Natural causes | X Accident Suicide Hamicide Undefermined manner CHIEF MEDICAL EXAMINER ACTUAL 226 DATESIGNED FUNERAL ASSISTANT MEDICAL EXAMINER SIGNATURE 1311 hanas DEPUTY MEDICAL EXAMINER Health ADDRESS(Street, city, town or county) dmes 50 BURIAL CREMATION NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 4+13-68 Woodlawn Cemeter v Baltimore, Maryland Burial 24 FUNERAL DIRECTOR ADDRESS 2Sa. REC D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE VR ATSME Ellsworth Armacost 4600 Liberty Hights. Ave.

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED NAME First Middle 20. DATE OF DEATH 2b HOUR (Type or print) Manth + 20015 ROHNACHER 3. SEX S. DATE OF BIRTH 4 RACE 6 AGE (In years IF UNOER YEAR physician and completely filled in by the last birthday) F05ión popers. Pàg within 72 hours requires that the death certificate be executed within 24 hours 7a BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED TO NEVER MARRIED 9. COUNTY OF DEATH country) Baltimore. DIVORCED . WIDOWED | 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (if not in hospital ... 12a. USUAL OCCUPAT ON (Kind of work done 12b KIND OF BUSINESS OR 140501741 during most of working ife, even if retired) give street address) INDUSTRY BOITIMORE - COURTS BOITIMORE - COUNTY HOMERY Funence 130 USUAL RESIDENCE (Where deceased lived, if institution Residence before 13d INSIDE CITY LIM TS? 13e. STREET AND NUMBER 13c. CITY OR TOWN admiss an) STATE 13b COUNTY ony 14, FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Middle CZUQE 160, WAS DECEASED, EVER IN & 5, ARMED FORCES? 165 SOCIAL SECURITY NO. 17 INFORMANT Address It or Control Yes, no or (unknown) Mrs. Mangare Wohnachen -3521 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c)) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Caucinomarosis IMMEDIATE CAUSE (a) signed by the burial-tronsit p 7 4-Conditions, if any, which gave) 570 mach rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) for use as the t has been 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20q. AUTOPSY? CAUSES OF DEATH? YES 🗔 NO N O FUNERAL DIRECTOR: After this certificate 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) PM. 2 d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM STREET FACTORY) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at work 220. I certify that (I) (this hospital) ottended the deceased from 3 - /3 , 19 68, to 4 - 6 -, 19 68, that (I) (we) lost sow the deceased olive on 4 - 6 - 19 67, and that in (my) (our) apinion death occurred on the date and hour and from the couses stated above, (1) (we) (did) (did not) view the body ofter death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** director, page 3 should be filed v DEGREE DIRECTOR PHYS 22d. PHYSICIAN'S 22e. ADDRESS Ballino NAME (Type) 23a. BURIA. CREMATION 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Jown) REMOVAL (Specify FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE VR A15 [4] 30M REV. 1/68



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME FILST Last 2a. DATE OF DEATH (Type ar print) Month **ESTHER** ROSE 3 SEX 4. RACE S. DATE OF BIRTH 6 AGE (In years IF UNDER I YEAR lost birthday) WHITE APRIL 16. FEMALE 1900 by the attending physician and campletely filled in by the irransit permit. Then please remave carbon papers. Post cremation, or remayal, and in any event, within 72 hours requires that the death certificate be executed within 24 havin 70 BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH MARRIED NEVER MARRIED country) WIDOWED DIVORCED [BOSTON. BALTIMORE 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) during most of work natife, even if retired) Towson TOSEPHS 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13d. INSIDE CITY LIMITS? 13e, STREET AND NUMBER 13b. COUNTY NUNLEY 14 FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First SKLAR PAULINE RUBEN 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT JOHN B Yes, no, or unknown) (If was give wor or dates of service). 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c), PART I. DEATH WAS CAUSED BYIMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) burial-transit rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) has been 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? YES 🖂 the haspital ar 21a ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) 215 TIME OF INJURY OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Day Year P.M. (If either, natify medical examiner) 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 211, LOCATION Street or R.F.D. No. City or Town State County While Not while at wark 4 may be retained O FUNERAL DIRECTOR: 22b SIGNATURE 22c DATE SIGNED **ATTENDING** DIRECTOR PHYS. director, page should be filed PHYS. 22e, ADDRESS 22d. PHYSICIÁN S NAME (Type) MAURICE FELDMAN 6610 CROSS COUNTRY BLVD 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION 23d. LOCATION (City or Town) (Stote) (County) LOMBARDY WILMINGTON DELAWARE 24 FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR 25b. REGISTRAR S SEGNATURE VR A15 (4) 30M REV 1/68 LEVINSON & BROS. 6010 REISTERSTOWN ROAD



FOR STATE DEPT pages Land 2 with the State Department at O BIPUTY SICENTABLIER: This certificate shauld be executed within 24 haurs after death of aelay is necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to PM3. Page F the funeral director. Page 4 should be farwarded to the Chief Medical Examiner's Office along with form 5 may be retained far your files

TO FUNERAL DIRECTOR: Page 3 should be used as a burial transit permit. File pages land 2 with Health prior to burial, crematian, ar remayal, and in any event with n. 72 haurs after death TO DIPUTY

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	pe or Print)	1.921		Midd		l.	JST		20, DATE KNUYNY Month Doy Year 2b. HOL		
(1)	be or citally	JAMES		JOSEI	H	ROS	30		DEATH MATED April 17, 1968. 21		
3 SEX		4 RACE	S DATE OF BIL		6. AGE (In yes	IF UNDER 1			2c. DATE PRONOUNCED DEAD 2d HO.		
M	lale	White	7/17/	1910	57 last birthdey) MONTHS /	DAYS HOURS	MiN	MonthApril Day 17, Year 19 68.		
7o BII	RTHPLACE (Stote	e or foreign /	b. CITIZEN OF WE	HAT COUNTRY?	1/ 1	MARRIED NEV	ER MARRIED	9 COL	INTY OF DEATH		
country	Maryl	and I	JSA			V DOWED	DIVORCED		Baltimere		
	Y OR TOWN O		_	AME OF HOSPITA	L OR INSTITUT	TON (If not in he	spital 12a	USUAL OC	CCUPATION (Kind of work done 12b KIND OF BUSINESS OR		
	_	wson	give	street oddress)	St. Jo	seph's	Hospita.	1 most /	(working life even if retired) INDUSTRY		
13a U	JSUAL RESIDEN	CE (Where decease	d lived, if institu	utian Residence	befare 13c. (ITY OR TOWN	13d. INSIDE CITY	LIMITS?	13e. STREET AND NUMBER Daybreak		
gon	ilission) state	aryland	13b. COUNTY		Ba	alto.	YES ZÃ		5612 Daybread Terr.		
14. FA1	THER'S NAME	First	Middle		Lost	1	'S MAIDEN NAME		Middle Lost		
	Sa	lvatore	Rosso)		Jo	sephin	e 7	Piraino		
		ER IN U.S ARMED FO		16b. SOCIAL SEC	JRITY NO.	17. INFORMAN			ADDRESS		
	s, no, ar unknav O	(1 yes give w	rar or dates of service)	225,16	7316	Mrs.	Marie	Μ.	Rosso- 5612 Daybreak J		
	18. CAUSE OF	DEATH (Enter only	one cause per l	ine for (a), (b), (. /	7		APPROXIMATE NETERVAL DETWEEN DISSET AND DEATH		
		EATH WAS CAUSED		(2)	dia	0 4	NYE	5/	Sudden		
	4/20	O IMPEDIAL		AS A CONSEQUE		in	1-	1			
	Canditians, if a	iny, which gave)	60,00	2001011 1	Vano	1/2/	2-1715	. 10	Extra (Ediche		
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<u> </u>	1 VG, DATE OF	117/10		WAS PERF	ORMED?	OPERATION A	Mala!	L CAL			
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	21a. EXTERNAL PRIMARY 🗀 O	R CONTRIBUTING [INJURY Month, D M.	ay, Year	21c HOW NO	IKA OCCOKKED (F	nter⁄fiqtu	tre applying in Part 1 or Part 2 flem (8.) 13-10376		
la L	CAUSE OF DEAT	Н	- P	М	19				Permissi		
₹ 2	21d INJURY OC		LACE OF INJURY (street,	21f. LOCATION	Street or R.F.D. No	a.	City or Town County State		
1 L	AT WORK	AF WORK	.,,	- J /							
	22o. I	certify that I to	ok charge of t	he remoins de	escribed ob	ove, held an	Autopsy .	lns	spectian , Inquiry , and in my opini		
	death re	sulted from.	Natural cou	ses A	ccident 🕝	Suicide	, Homici	de 🔲	Undetermined manner		
		61	0-2			20	CHIEF MEDICAL	L EXAMIN	ER T		
	SIGNATURE	Make	1101	SKO-	und	C III	ASSISTANT ME		The same of the sa		
	EXAMINER'S						DEPUTY MEDIC				
	NAME (Type)	Charle	s F. 0	1 Donne	11. 1	1. D.	ADDRESS(Stree	et, city, to	own, ar county)		
	BURIAL, CREMA	TION, 23b.				ERY OR CREMATI	ORY	23d.	LOCATION (City or Town) (County) (State)		
	REMOVAL (Specurial	afu)	/22/68	2.7			Cem.,		altimore, Md.		
	UNERAL DIRECT		1.22/00		ADDRESS				GISTRAR 255 DEGISTRAD S SIGNATURE		
Leo	nard .	J. Ruck	Inc.	5305 H	arfor	d Rd	#1 APR	18	1888 Jellanes Junger		

VR A15ME (5) 10M REV 1/68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 25 HOURS M.ddle 2a. DATE OF DEATH DECEASED NAME deoth. requires that the death certificate be executed within 24 haurs after death (Type or print) 6 AGE (n years IF UNDER IL YEAR iest birthogy) MONTHS 70 BIRTHPLACE (Stote or Egreion 7b CITIZEN OF WHAT COUNTRY? **COUNTY OF DEATH** WIDOWED DIVORCED [signed by the attending physician and completely filled burial transit permit. Then please remove carban pape 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a LSUAL OCCUPATION (Kind of work done 125, KIND OF BUSINESS OR during most of working life, evenuf retired.) INDUSTRY remove carban Houselik RESIDENCE (Where deceased lived, if institution Residence before 3d, INSIDE CITY EIM TS? 3e. STREET AND NUMBER 13c. CITY OR TOWN 13b. COUNTY. and in any Middle 15. MOTHER'S MAIDEN NAME First Last LOST 16b. SOCIAL SECURITY NO 160 WAS DECEASED EVER IN L. M ARMED FORCES? INFORMAN' Yes, no, gr-unknown) (II yas give war or dates of service) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c) PART 1. DEATH WAS CAUSED BY:

| MMEDIATE CAUSE (a) | Carr BETWEEN ONSET AND DEAT DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave a burial transit rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) O FUNERAL DIRECTOR: After this certificate has been as the 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20c AUTOPSY? CAUSES OF DEATH? YES 🔲 NO 🕖 for use Health Page 4 may be retained by the haspital ar 21a ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 215 TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. P.M. (If either, natify medical examiner) (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street as R F.D. No. 21e. PLACE OF INJURY 21d INJURY OCCURRED State City or Tawn County White Not while at wark 22a I certify that (I) (this hospital) attended the deceased from 12 , 19 , 19 , 19 , 19 , 19 , 19 , that (I) (was) last saw the deceased alive an 19 , 19 , and that in (my) (own) apinian death occurred an the date and haur and from the shauld causes stated above, (1) (we)-(did) (did not) view the bady after death. 226. SIGNATURE 22c. DATE SIGNED ATTENDING DEGREE PHYS DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 000 directar, should 23c. NAME OF CEMETERY OR CREMATOR BURIAL, CREMATION 23b. DATE 2Sb. REGISTRAR'S SIGNATUR



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 35374 CERTIFICATE OF DEATH I. DECEASED-NAME First Middle Last 2n DATE OF DEATH deoth. 2b. HOUR (Type or print) Month IRVIN NORMAN RUBIN 968 3 SEX nours other 4 RACE 5 DATE OF BIRTH IF UNDER I YEAR 6 AGE (In years lost birthdoy) MONTHS HOURS JUNE 7. 1924 MALE ω HTTE 7o BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED [X] NEVER MARRIED [7] ve carbon papers. event, within 72 h WIDOWED [DIVORCED [BALTIMORE filled 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If got up haspital of acres street address) 12a. USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR requires that the deoth certificate be executed within INSURANCE 107 ENCHANTE during most of working life, even if retired) OWINGS MILLS SALESMAN 130 LSDAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER APT. 303 136 COUNTY BALTIMORE admiss on) STATE YES [remove MARYLAND ENCHANTED HILLS ROAD burias, cremotion, or removol, and in ony physicion and chen pleose remo 14. FATHER'S NAME Middle First Last IS. MOTHER'S MAIDEN NAME First ? HYMAN RUBIN LENA 16b. SOCIAL SECURITY NO 16a, WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address Yes, no or unknown) (If yes give war or dates at service)
W. W. II ARMY 204-03-8870 FRANCES RUBIN. 107 ENCHANTED HILLS by the ottending plant of the plant. 1B CAUSE OF DEATH (Enter only one cause per line for (a), (b) and)(c) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gove) **buriol-tronsit** rise to immediate cause (c) DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse ottending physicion paugis PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION erached for use as the Dept. of Health prior to hos been 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO T YES T certificote 2To ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while at wark O FUNERAL DIRECTOR: After 22a. I certify that (!) (this hospital) attended the deceased from. 4 1901 19 64, and that in (my) (our) opinion death occurred an the date and hour and from the saw the deceased alive on_ director, page 3 shauld should be filed with the couses stated obove, (1) (we) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING STAFF PHYS. DEGREE DIRECTOR PHYS. 22d, PHYSICIAN S 22a. ADDRESS NAME (Type) PHILIP BERNSTEIN CHARTLEY DRIVE 230 BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) BURTAL (Specify) 4-7-68 (ARLINGTON) CHIZUK AMUNO BALTIMORE 24 FUNERAL DIRECTOR 250. RESTE BY REGISTAR 10 16 REGISTRAR S SIGNATURE VR A15 (4) LEVINSON & BROS. 6010 REISTERSTOWN RD. #15 DATE



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

373

CERTIFICATE OF DEATH

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ŀ	3. SE	Y	2011	14 RACE	W •		S DATE OF E	RIRTH		Apr'	(In years	IF UNDER 1 YEAR	F JNDER 24 HRS.
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	COUR	BIRTHPLACE (State of	r foreign 7	'b CITIZEN OF WHAT	COUNTRY?	8 MARRIED	NEVER MA	RRIED		NTY OF DEATH			
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ν		OWSON	EATH	give stre	E OF HOSPITAL OR INS pet oddress) JOSEPH		,	during m	AL OCCU lost of w mema	PATION (Kind a rorking life, eve	in if retired \	12b, KIND O INDUSTRY Own Ho	F BUSINESS OR
	13a admi	USLAL RESIDENCE (Y ISSION) STATE Laryland	Where deceosed		Res dence before		TOWN	13d. INSIDE CITY (LIM TS?	13e STREET AN	Delvern		
4	14. F	ATHER'S NAME	First	Middle	Lost	FS.	MOTHER'S N	AIDEN NAME	First		Middle		Lost
		Jame	s N.	Pfeiff	er			El	iza	beth	Hume		
	160	WAS DECEASED EVE	R IN US ARME	D FORCES? 1	66. SOCIAL SECURITY I	NO. 17 IN	IFORMANT				Addre [6]	kridge	21227
	- 1	es, no or unknown)	(21	7-09-22	Lili Da	aniel	W. R	udy	.5536		urn Hi	11 Rd
		18. CAUSE OF DEA	ATH (Enter only WAS CAUSED	DM .	for (o), (b) and (c).								OMATE INTERVAL DHSET AND DEATH
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- 1		Conditions, if any, which gove has to mmediate couse (a). (b) bleeding esophageal varices											
		stoting the underlying couse? DUE TO, OR AS A CONSEQUENCE OF											
- 1		(c) portal cirrhosis											
		PART 2 OTHER SIG	INIFICANT COND	ITIONS CONTRIBUTIN	IG TO DEATH BUT N	OT RELATED TO	THE TERMIN	AL DISEASE OR	CONDITIO	ON GIVEN IN PAI	RT 1(o)		
	No	51.											
1	CERTIFICATION	190 DATE OF OPERA	TION 196. CC	INDITION FOR WHICH	OPERATION WAS PE	RFORMED 290. AUTOPSY? 206 IF YES, WERE FINDINGS CO CAUSES OF DEATH?						ONSIDERED IN	CERTIFYING
	ERTII	21a ACCIDENT WA	E HMDEDLYING	loss ruse as II	HIND	101 110	_		-				
	₹	DR CONTR BUTING [(If e-ther, notify m	CAUSE OF DEATH	HOUR A.M.	Month Doy Year		W INJURY OF	.CUKKED {Ente	er nature	of injury in Par	t I or Part 2,	Item 18)	
	MED		RRED 21e. P		T HOME, FARM, STREET FAC FFICE BUILDING, ETC.		CATION Stre	et or R.F.D. No		City or Town	1	County	Stote
		at work — at worl	(1 1 -1 1			10	7.0			70 11	
		22d. 1 certify 1	i nat (19. (this	haspital) atten	ded the decease	ed from Ni	that in (r	الـ ۱۷ , ـــوليّ ممارين المدارية	DO., inian d	logth assure	id an tho de	_ <u>bb</u> , tha	(we) last
		causes sta	ited above,	(F)<(we) (did) (d	to (ot) view the	body after d	eath.	SK) (uur) op	illiuii u	ieum uttone	u an me ac	ire uno navi	una nam me
		22b. SIGNATURE	0	_			ATTCHIO	INC.	MED	CTACE		DATE SIGNED	4 -
		_	Jan.	-3 20	~~	DEGRE	E PHYS.		DIRECTOR	STAFF PHYS	Ap	ril 1,	1968
1		22d. PHYSICIAN'S NAME (Type)	Lawr	ence F. 1	Misanik,	M.D.	22e. AD	20 Yor	k Rd	., Tows	son, Md	. 2120	4
	23a	BURIAL, CREMATION		LTE.	23c NAME OF	CEMETERY OR	CREMATORY		23d	LOCATION (City	ar Town)	(County)	(Stote)
)		REMOVAL (Specify)	11/	4/68	Loude	n Par	k		Be	altimo	re.	M	ld.
L	24 H	FUNCTAL DIRECTOR		& Sons		5 Yorl		2Sa REC'D I	BY REGIS	TRAR 40 25	BREGISTRARE	SIGNATURE	Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled director, page 3 should be detached far use as the burial transit permit. Then please remove carban paper should be filled with the State Dept. of Health priar ta burial, crematian, or remaval, and in any event, within A Page 4 may be retained by the hospital ar attending physician.

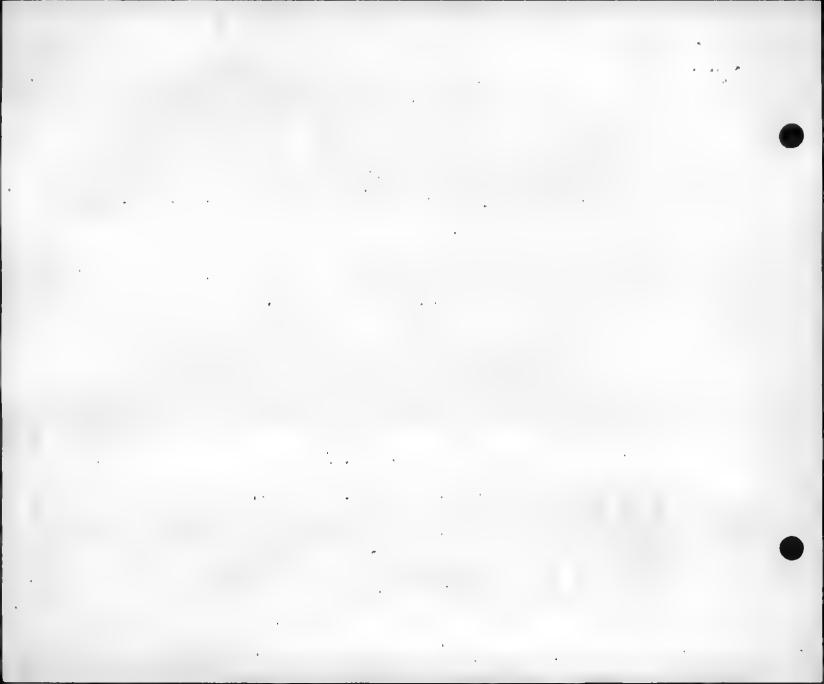
difd 2 death.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CEDTICICATE AE REATH 12. DATE AND HOUR OF DEATH LNAME OF DECFASED (Type or Pani) August Russo Poges I and 9 hours after 4. USUAL RESIDENCE (Where deceased I ved. (institution; ies dence before admission 3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD B. COUNTY A, STATE Baltimore County IN HOSPITAL OR INSTITUTION, GIVE STREET Maryland FULL NAME OF HOSPITAL OR ADDRESS OR LOCATION C. CITY OR TOWN INSIDE CITY LIMITS? INSTITUTION executed within 24 hours Chesapeake Manor Nursing Home Baltimore YES X NO papers. E STREET AND NUMBER 509 E. Joppa Road, Balto, Md. campletely filled 3108 Weaver Avenue, 21204 W 5. SEX 6. RACE 8. DATE OF SIRTH 9. AGE (In years If Under 1 Yi. If Under 24 Hrs. MARRIED NEVER MARRIED Male Months Doys Hours ost birthdoyl White Oct 16 1875 WIDOWED X DIVORCED done during most of working life, even if refired) 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) remaye 12. CITIZEN OF WHAT COUNTRY pup Tavern USA Italy be physician (e dise 13. FATHER'S NAME 14. MOTHER S MAIDEN NAME requires that the death certificate Carmello Russo Salvatora Russo 15. Was Deceased Ever in U. S. Armed Forces' 6. SOCIAL 17. INFORMANT ADDRESS ((Yes, no or unknown) III yes, give war or dates of service) SECURITY NO. 218 32 3875 1 Marie S. Young, 3108 Weaver Ave. 21214 attendil permit ian, ar r CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH the DISEASE OR CONDITION DIRECTLY I-transit I. cremati LEADING TO DEATH 20 physician. (This does not mean the made at dying, e.g., DUE TO, OR AS A CONSEQUENCE OF signed to burial-tr burial, c heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) t. After this certificate two solds the bill be detached far use as the bill the State Dept. of Health prior to bi ANTECEDENT CAUSES attending DUE TO, OR AS A CONSEQUENCE O DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION Ideal P IICIAN: hospital OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 22. I certify that (1) (this haspital) attended the deceased from L OR ATTENDING be retained by the that (I) (we) lost saw the deceased alive on . and that in (my) (our) opinion death accurred on the date and hour and from the couses stated above. (1) (We) (did) (did not) view the body after death. DIRECTOR: 23A. SIGNATUR 23B, DATE SIGNED Attending Med. (7) O FUNERAL DIR Irrector, page thould be filed ed Phys. Director L TO HOSPITAL Page 4 may 1 23 C. PHYSICIAN'S 23 D. ADDRESS HOSPITAL NAME (Type) Dr. Sebastian Russo 5017 Harford Road. Balto. Md. 21214 DE 24A. BURIAL CREMATION, 24B. DATE
REMOVAL (Specify) 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) 0 Burial 5-2-68 New Cathedral Cemetery Baltimore. Maryland PER NAME OF 25C FUNERAL DIRECTOR ADDRESS Wm.E.Johnson 8521 Loch Raven Blvd. 21204



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT 1. DECEASED-NAME First 2a. DATE KNOWN Manth (Type or Print) OF EST -DEATH MATED Department 6 AGE (In years IF UNDER 24 HPS 3 SEX 2c DATE PRONOUNCED DEAD DAYS last birthday) MONTHS HOURS 7a B RTHPLACE (State or foreign 75 CIT ZEN OF WHAT COUNTRY? MARRIED MEVER MARR ED DO 9 COUNTY OF DEATH country) W DOWED 8. Give Pages I and 2 with the State 11 NAME OF HOSPITAL OR INSTITUTION (f not in hospital 10. CITY OR TOWN OF DEATH 120 USUAL OCCUPAT ON (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if ret red.) 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER Indian Head, Md. 130 USLA, RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN Item | after 14 FATHER S NAME Middle S MOTHER S MA DEN NAME pages 16a WAS DECEASED EVER IN U.S. ARMED FORCES? THE SOCIAL SECURITY NO 17 INFORMANT **ADDRESS** pencil (Yes, no, or unknown) (If yes give war or dates of service) E G 18 CAUSE OF DEATH (Enter only one couse per line far (o), (b), and (c). PART I DEATH WAS CAUSED BY MMEDIATE CAUSE (a) Canditions, if any, which gove rise to immediate cause (a), This certificate should writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 19a DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? NO 🔽 210 EXTERNAL CALSE WAS 21b TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 1B) MEDICAL PRIMARY OR CONTR BUTING CAUSE OF DEATH crematian, OF INJURY (At home, form, street, City or Town Stote foctory office building etc.) Inspection 🔀 22a I certify that I taak charge of the remains described above, held an Autopsy ... Inquiry and in my ap nian death resulted fram Accident X Natural causes Suicide Hamicide Undetermined manner CH EF MED CAL EXAMINER **ACTUAL** DEPUTY MEDICAL EXAM NER Health ADDRESS(Street, city, town, or county) 0 BURIAL CREMATION (State) 2So REC D BY REGISTRAR 2Sb REGISTRAR'S S GNATURI DATE



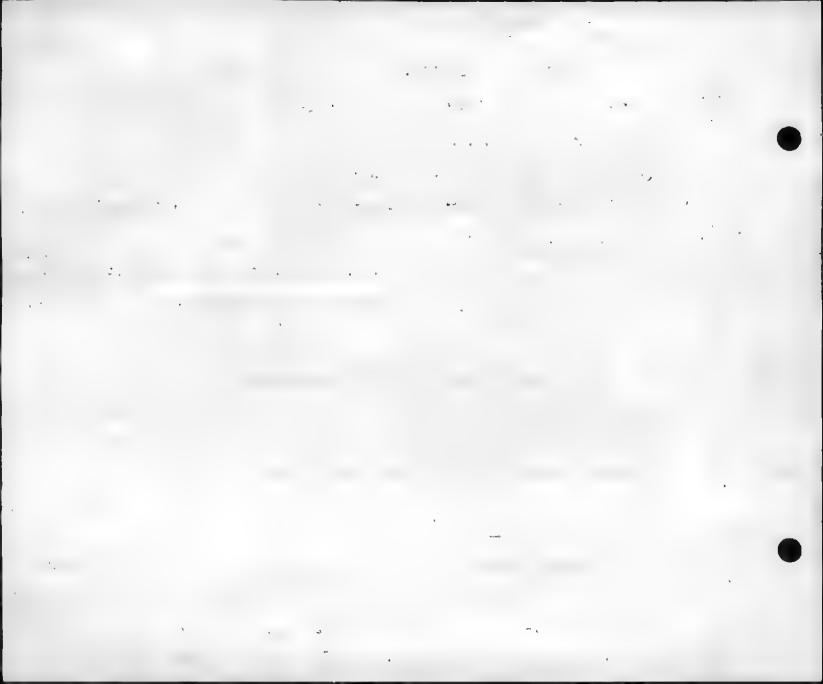
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	05376		Ć	ERTIF	CATE OF	DEATH	•			273		
	EDITE ED	1	Middle SANTMYER		Lost		20. DATE OF April		y 196 8 or	2b. HOUR		
3. 5	Female	4 RACE WI	hite		S DATE OF B 7-12	IRTH -1915		6 AGE (In years last birthday) 52 YRS	F JNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS HOURS MAN		
Car	BIRTHPLACE (State or foreign nary) Maryland OTY OR TOWN OF DEATH	7b. CITIZEN OF WHAT U.S.		WIDOWE	<u></u>	RCED _	Balti		Tigh KIND OF	Md BJSINESS OR		
	Catonsville USUAL RES DENCE (Where deceose	give stre	et address) 31 Southr	idge	Road		t of working usewii	ife, even if retired.) E EET AND NUMBER		- POSINESS OK		
adm	olssion) STATE Maryland	1 136 COUNTY BE	altimore		sville	YES NO	X 931	Southrid	ge Road			
14.	FATHER'S NAME First Paul J.	M.ddle Belschne	last e r		IS. MOTHER S M	aiden name fir Rose	wernt	Middle 2:		lost		
	WAS DECEASED EVER IN U.S. ARMI		66. SOCIAL SECURITY N		INFORMANT Ir. Jame			Address	thridge	21228 Rd.		
	18 CAUSE OF DEATH (Enter only are cause per time for (a), (b), ond (c)) PART 1 DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Mr. James E. Santmyer, 931 Southridge Rd. APPROXIMATE INTERVAL BETWEEN CAUSE (a) // Oyeara // DUE TO, OR AS A CONSEQUENCE OF											
	Conditions, if any, which gove nise to immediate cause (a), stoting the underlying couse last.	(c)	A CONSEQUENCE OF									
CERT. FICATION		ONDITIONS CONTRIBUTION ONDITION FOR WHICH reast m	OPERATION WAS PER		200 AUTO	DPSY?	20b IF	YES, WERE FINDINGS OF DEATH?	CONSIDERED IN C	ERTIFYING		
MEDICAL CER	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examin	O 216 TIME OF IN HOUR A.M. P.M.	VIURY Month Doy Yeor 19			·	nature of intur	y in Part 1 or Port 2,	. Item 18.)			
*	at work of work	PLACE OF INJURY (AT						or Town	County	State		
ı	22a. I certify that (I) (this hospital) ottended the deceased from 25 Movember, 1959, to 14 March, 1968, that (I) (we) last saw the deceased alive on 8 March 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body ofter death.											
		most.	m D	DE	GREE PHYS	DIR	D. RECTOR	CTATC	DATE SIGNED	l 68		
		Irwin H						Center,	Catonsv:	ille, Ma		
L		ATE 17-1968			or crematory National		Balt	N (City or Town) imore, Ma		(State)		
	FUNERAL DIRECTOR oward H. Hubbar	d, 4107 W	ADDRESS ilkens Av	e.	21229	25a. REC'D BY		25b REGISTRAR	S SIGNATURE .	noge		

10 HOSPITAL OR ATTENDING PHYSICIAN: The law princes that the diath certificate bill executed within 24 haurs after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by The Toperal director, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers: Frages and should be filed with the State Dept. of Health priar to burial, cremation, ar remaval, and in any event, within 72 hours after deat

30M REV



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Complete Street CERTIFICATE OF DEATH Middle Last 20. DATE OF DEATH HOUR DECEASED NAME 26. First (Type or print) PM IF UNDER YEAR IF UNDER 24 HRS 3. SEX 4 RACE 6 AGE (In years lost birthdoy) DAYS YRS requires that the death certificate be executed within 24 haur. 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (State or foreign 8 MARRIED NEVER MARRIED country) papers. WIDOWED -DIVORCED [] ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (if not in hospital 120 USJAL OCCUPATION 12b KIND OF BUSINESS OR carbon RANDALLSTOWN CEUNTY GEN 130 USUAL RESIDENCE (Where deceased lived, if institution. Residence before STREET AND NUMBER odmission) STATE NO X please remove 14 FATHER'S NAME M.ddle 15. MOTHER'S MAIDEN NAME First Middle Last KUSHINCK HINDA Address 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes no or unknown) or removal. MR. RAYMOND SCHAPIRO, 3505 CLARKS signed by the attending phy APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY EREBROVASCULAR ACCIDENT day IMMEDIATE CAUSE (a) CHEDIOVASOULAR burial, crematian, DUE TO, OR AS A CONSEQUENCE OF MICEHSC ERIOSCLE ROTII Conditions, if any, which gave) rise to immediate couse (o) DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause physician. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) attending d far use as the af Health priar to has been 20o. AUTOPSY? 206 IF YES WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗀 NO F Page 4 may be retained by the haspital ar O FUNERAL DIRECTOR: After this certificate 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) HOUR A.M. OR CONTRIBUTING TO CAUSE OF DEATH Month Doy P.M. (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY / AT HOME, FARM, STREET FACTORY, \ 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while at work 22a. I certify that (I) (this haspital) attended the deceased from April 6, 1968, to April 9, 1968, that (I) (we) iast saw the deceased alive an April 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stoted abave, (1) (we) (did) (did nat) view the bady after deoth. 22c DATE SIGNED 22b SIGNATURE ATTENDING DEGREE DIRECTOR PHYS 22e. ADDRESS PHYSICIAII NAME (Type) directar, shauld b 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (State) 230 BURIAL, CREMATION, 23b. DATE MARYLAND ANSHE EMUNAH (AITZ CHAIM) BALTIMORE, 4-21-69 25o. REC D BY REGISTRAR 25b. REGISTRAR S. SIGNATUR BROS INC 30M REV BALTO. 21215 DATE



MARYLAND STATE DEPARTMENT OF HEALTH Item #121, 1, c, d & e infor take CERTIFICATE OF DEATH M'ddle Last 2g. DATE OF DEATH 2b. HOUR DECEASED-NAME First ofter death Month 7 Day 68 Year (Type or print) INFANT FEMALE SCHEK 2:30P M 4. RACE S. DATE OF BIRTH 6 AGE (In years IF LINDER I YEAR F JNDER 24 HRS. 3. SEX nit. Then please remave carbon papers. Pages I or remaval, and in any event, within 72 haurs after lost birthdoy) HOLRS Female. White 14 9. COUNTY OF DEATH 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED MEVER MARRIED country) the attending physician and campletely filled an sit permit. Then please remave carbon papers. Baltimore, WIDOWED [DIVORCED [7] requires that the death certificate be executed within 24 10 CITY OR TOWN OF DEATH 11, NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USJAL OCCUPATION (Kind of work done 125 KIND OF BUSINESS OR give street oddress)
Greater Balto. Med. Center during most of working life, even if ret red) INDUSTRY Towson, Maryland 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 113c CITY OR TOWN 13e STREET AND NUMBER 3d INSIDE CITY LIMITS? 13b. COUNTY odmission) STATE NO A YES Balto Lutherville 20 Dunwick Rd. 14. FATHER'S NAME First Last IS MOTHER'S MAIDEN NAME First 16b. SOCIAL SECURITY NO. 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no. or unknown) APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. burial-transit permit. burial, crematian, ar re Hyaline Membrane Disease IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave Prematurity - 26 weeks rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the priar tat O FUNERAL DIRECTOR: After this certificate has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES ICT Yes NO | be detached far use State Dept. af Health 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBLTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Town County State While Not while at wark 220. I certify that (I) (this haspital) attended the deceased from April 7, 1968, to April 7, 1968, that (I) (we) lost saw the deceased alive on April 7, 1968, and that in (my) (our) opinion death occurred on the date and hour and from the 4 may be retained causes stated above. (1) (we) (did) (did not) view the body after death. 22t, DATE SIGNED 22b SIGNATURE ATTENDING MED. DIRECTOR April 8, 1968 DEGREE director, page shauld be filed PHYS. 22e, ADDRESS 22d. PHYSICIAN S NAME (Type) Greater Baltimore Medical Center AUDIGER BREITENECKER, M.D. 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) 23a BUR AL, CREMATION, 23b DATE REMOVAL (Specify) Greater Balto. Med. Cen. Towson, Maryland remodile 24. FUNERAL DIRECTO **ADDRESS** VR A15 (4) 30M REV 1/68



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASE D-NAMI Lost 20. DATE OF DEATH 2b HOUR (Type or print) Mildred Edna Scherer 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER IL YEAR F UNDER 24 HRS 6. AGE (In years lost birthdoy)
56 YRS MONTHS 11/16/11 Female Cau 7a BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED 🗺 NEVER MARRIED country) Maryland USA WIDOWED | burial, cremation, or removal, and in any event, within 72 DIVORCED [7] Baltimore 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR requires that the death certificate be executed within Greater Balto Med. Center during most of working bie, even if retired.) Towson 13a. USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c. CTY OR TOWN 13e STREET AND NUMBER 2003 Northbourne Rd. 13d INSIDE CITY LIMITS? admission) STATE Md/ 13b. COUNTY YES DC 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Middle P. Waite Richard Aring Emma 16b SOCIAL SECURITY NO. 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Yes no or unknown) (If yes give war or dates of service) Mr. John W. Scheres (Same) APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Carcinomatosis IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit Conditions, if any, which gove) Recurrent carcinoma of cervix uteri rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) for use as the t Page 4 may be retained by the haspital or attending han been 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 20a AUTOPSY? CAUSES OF DEATH? NO TT YES this certificate 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 210 ACCIDENT WAS UNDERLYING 215. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year director, page 3 shauld be detached I shauld be filed with the State Dept. of (If either, natify medical examiner) (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. OFFICE BUILDING, ETC 21e PLACE OF INJURY City or Town State Caunty While Not while at work 22a | certify that (I) (this hospital) attended the deceased fram 1/1 , 1968 , to 4/1/ , 1968 , that (I) (we) lost saw the acceased alive an 4/16 1968, and that in (my) (aur) apinion death accurred on the date and hour and from the O FUTIERAL DIRECTOR: After couses stared above, (1) (we) (did) (did not) view the bady after death 22b. SIGNATURE 22c. DATE SIGNED MED. DIRECTOR 4/17/68 22d. PHYSICIAN 22e. ADDRESS NAME (Type) John E. Adams, M.D. 6701 N. Charles Street 23c NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, 23d LOCATION (City or Town) (County) (State) REMOVAL (SECTIV) 4/20/68. Cardens of Faith Cemetery Ba Itimore, Md. 24. FUNERAL DIRECTOR Leonard J. Ruck, Inc. Balto. Md. 21214 VR A15 [4] 30M REV. 1/68



1	MARYLAND STATE DEPARTMENT OF HEALTH
, т.л.	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE/	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT	1 DECEASED-NAME First Middle Cost 20. DATE KNOWN Month Day Year 2b HOUR OF ESTI
3 to 3 to Poge	(/arc (Nmn) Schmidt DEATH MATED 4/10 165 9 PM
eloy d 3 . Po	3 SEX 4 RACE S DATE OF BIRTH 6 AGE (In years 15 UNDER 14 HAS 2C DATE PRONOUNCED DEAD 2d HOUR MONTHS OAYS HOURS MAN MONTHS MAN MONTHS OAYS HOURS MAN MONTHS
y do	F W 11/17/87 80 YRS
	To BIRTHPLACE (State or foreign 76 CITIZEN, OF WHAT COUNTRY?) 8 MARRIED NEVER MARR ED 9 COUNTY OF DEATH 12 12 13 14 15 15 15 15 15 15 15
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hours Item 1 Office Iond 2 offer d	14 FATHER'S NAME First Middle Last 15 MOTHER'S MAIDEN NAME First Middle Last
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E X _ 4 O E	22a certify that taak charge of the remains described above, held an Autapsy, Inspection Inquiry, and 'n my apinion
please e please e il director retained L DIRECT	death resulted fram Natural causes , Accident , Suicide , Hamicide , Undetermined manner
please direct direct burse or to to	ACTUAL So I TO CHIEF MEDICAL EXAMINER (W/20/68
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DEPUTY ecessory, pl e funeral of may be re FUNERAL I	EXAMINERS NAME (Type) ADDRESS (Street, city, town or county) Real And Respond to the Respond to the Respond to the Respond to the Respondition
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10M REV 1/68	Houng Lyero 8/28 father by hour DATE APR 10 1900 for
	Ounterferior 1 11/4 .





DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED-NAME Eirst Middle Inst 20. DATE OF DEATH 2b. HOUR irs after death. (Type or print) MANUEL SCHNIDER S. DATE OF BIRTH 3. SEX 4. RACE 6 AGE (In years last birthday) HOURS JULY 31, 1894 MALE WHITE 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED RUSSIA U.S.A. DIVORCED | BALTIMORE Widowed | requires that the death certificate be executed within 24 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 120 USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 12b KIND OF BUSINESS OR BALTO. CO. during most of watering life even if retired) lease remove carbon RANDALLSTOWN GEN. HOSP. 13c. CITY OR TOWN 13e. STREET AND NUMBER 130 USUAL RESIDENCE (Where deceased lived, if institution Residence before 134 INSIDE CITY JMITS? 13b. COUNTY YES X NO 6801 PARK HGHTS. AVE BALTIMORE 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Lost MAISHE SARAH SCHNIDER Address 680] 17 INFORMANT MRS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. SCHNIDER Yes, no, or unknown) 216-01-2951 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
 PART! DEATH WAS CAUSED BY arcinom DUE TO. OR AS A CONSEQUENCE OF Conditions, if ony, which gove) **burial-transit** rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190 DATE OF OPERATION 20g. AUTOPSY? CAUSES OF DEATH? YES 🗀 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED [Enter nature of injury in Port 1 or Part 2, Item 18] OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while of work 220. I certify that (1) (this hospital) attended the deceased from 1/-3 , 19.6 /, to 4-7 _19 6 8, and that in (my) (our) opinian death accurred on the date and hour and from the saw the deceased alive on. couses stored above, (I) (we) (did) (did not) view the body after death. 22b SIGNATURE 22c DATE SIGNED ATTENDING DIRECTOR 22d_PHYSICIAN'S 22e. ADDRESS NAME (Type) K JOSEPH MATCHAR 6821 REISTERSTOWN ROAD directar, shaul 23d LOCATION (City or Town) 23b DATE 23c NAME OF CEMETERY OR CREMATORY (County) 23a BUR AL, CREMATION 4-8-68 BETH EL MEMORIAL PARK RANDALLSTOWN. MD RD . 250. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR

SOL LEVINSON & BROS.,6010 REISTERSTOWN

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 35225

			(EKIIFIC	AIL UL I	JEAIN				0	9900
I. DECEASED-NAME	First		Middle		Last		2a DAT	E OF DEATH			2b HOUR
(Type ar print)	HOWA	ŖD			SCHROTE	Sr.	APR	IL Mant	27 Day	1968	3:55 A
3 SEX		4 RACE			S. DATE OF BIR	TH		6. AGE (MONTHS CAYS	IF UNDER 24 HRS
MALE		WI	HTE		NOVE	BER 5	. 190		64 YRS	WOULDS OWLD	HOURS ININ
70 BIRTHPLACE (State	e ar foreign	7b. CITIZEN OF WR	AT COUNTRY?	8 MARRIED	NEVER MARK	IED	9. COUNTY	OF DEATH			
COUNTRY) MARYLA	ND	U.	S.A.	WIDOWED		CED XX	В	ALTIMO	RE,		Mo
10. CITY OR TOWN OF	DEATH		ME OF HOSPITAL OR INS treet address)	,	,			TION (Kind of king life, even		INDUSTRY	F BUSINESS OR
TOWSON	F. ritch 1			PH HOS		A L MISLOS STAY I	1111770 700	CTDCCT AUD	MILLER	GAS	& ELEC.
admission) STATE	r (where decease	13b COUNTY	an Residence before	13C CIT UK	10MM	3d. INSIDE CITY L		B. STREET AND		41.0	
MARYI		BALTIM		Lee	MOTUED C MAI		X 13	123 TE		E. #2	1234
14. FATHER'S NAME	First Charle	Middle	Schrotl		. MOTHERS MAI	DEN NAME		unknow	Middle D		Lost
16a WAS DECEASED			16b. SOCIAL SECURITY N		NFORMANT				Address	2125J	
Yes, na, or unknow	(u) (% hez dane m	ar or dates of service)	212-15-45	53 11	r Howar	d A	Schro	th Jr.	L.D. ALC	ier Dri	Lve
18. CAUSE OF	DEATH (Enter an	v ane cause per lin	e far (a), (b), and (c).								GMATE INTERVAL ONSET AND DEATH
	ATH WAS CAUSED	BY			/DT 031					BEINTER	OHSEL AND DEATH
317	-/		COCARDIAL	TMEARC	TION						
Canditions, if a	DUE TO, OR AS A CONSEQUENCE OF ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE										
ase to immedi	immediate cause (a).									<u> </u>	
stating the un-	nderlying cause DUE TO, OR AS A CONSEQUENCE OF										
	CIANTICANT CON	(t)	THE TO DESTU BUT ME	AT DELATED TO	THE PERMITAL	DISCOUR DE	CONDITION	ONEST IN SART	14.3	-	
PAKI Z UINEK	SIGNIFICANT CON	DITIONS CONTRIBUT	ING TO DEATH BUT NO	JI KELATED IL	THE FERMINAL	DISTASE UK	CONDITION	SIVEN IN PARC	1(a)		
S PATE OF OR	CRATION TION	TONDITION COD WAIT	CU COPRATION WAS OF	TARKET AND THE	I no. AllTon	CVA	20	L IT VEC 10EB	T CHADINGS SE	MCINCOLD IN 1	CERTICYING
190. DATE OF OP	EKATIUN TYD	CONDITION FOR WHI	CH OPERATION WAS PEI	KFUKMEU	20a AUTOP		r1	ID. IF 183, WER LUSES OF DEATI		INSIDERED IN (LEKTIFTING
210 ACCIDENT	WAS JNDERLYIN	C Inv. Time of	III III III III III III III III III II	(8) (1/	YES	MO X			1 0 10 1	10)	
	G CAUSE OF CEAT	m / m / 1 m / 4 /	Manth Day Year	ZIC HI	OW INJURY OCCU	JKKED (Ente	er nature ci	injury in Port	I or Port 2, I	rem 18.)	
(If either, notify	medical examin	er) P.M.	. 19								
≥ 21d. INJURY OC While Nat	CURRED 21e.	PLACE OF INJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	TORY.) 21f. LO	CATION Street	ar R.F.D. No)	City or Town		County	State
at work at v	wark 🖳										
22a I certif	y that (床(thi	s hospitol) otte	nded the decease	d from AI	RII.	2, 19	68 , to	APRIL	27, 19	68 , the	t (we) los
sow the	e deceased al Stated obove	ive an <u>APR</u> ; , (1); (we) (did) (did not view the	9.68, and body ofter (that in (1969) leath.	(our) op	inion dea	th occurred	on the dat	te and haur	and from the
22b. SIGNATURE					ATTENDING	c _ l	MED	STAFF	22c. D	ATE SIGNED	
1-651	2500 THE	telebas	Predice.	DEGR	EE PHYS		DIRECTOR	PHYS	APR	IL 27.	1968
22d PHYS CIAN					22e. ADDR	_					
NAME (Typ	e EDUARD	O MONTEL	IBANO, M.I),		7620	YORK	ROAD	TOWSON	MD.	#21204
230 BURIAL, CREMAT		DATE	23c. NAME OF	CEMETERY OR	CREMATORY		23d LO0	CATION (City or	r Tawn)	(County)	(State)
REMOVAL (Speci	1 4-	30-1968	St. Jo	hn's C	emetery	T	ra	rkvill	e	Balto.	ud.
24. FUNERAL DIRECTO	DR		ADDRESS			2Sa REC'D E			REGISTRAR'S		
Lass	ahn Fun	eral Home	27/101 Bel	air Ro	ad 212	STATE AT	30 0	1958	Ach	wellen &	udge.

Pages 1 and 2 **TO FUNERAL DIRECTOR:** After this cerificate has been signed by the ottending physician and completely filled in <u>By the funeral</u> director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremotion, ar removal, and in any event, within 72 hours after death TO MINIMITAL OF ATTENDING MEYSICIAN: The low requires that the death certificate by executed within 24, Page 4 may be retained by the haspital or attending physician

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	75203		(ERTIF	ICATE OF DEAT	TH		.15	386
	ECEASED-NAME Type or print)	First Lena	Mrddle	5	lost Seidel	2a	DATE OF DEATH Month April	Day Year 20 1968	26 HOUR 4:25 J
3 SE	emale	4 RACE Wh	ite		Sept. 4,	1887	8 AGE (In year last birthday)	'S IF UNDER YEAR	R IF UNDER 24 HRS.
70 (OL)	BIRTHPLACE (Store or foreintry) Maryland		WHAT COUNTRY?	8 MARRIE WIDOWE	D NEVER MARRIED D DIVORCED	_	unty of DEATH Baltimore		Md
10 0	CITY OR TOWN OF DEATH Dundalk		I NAME OF HOSPITAL OR INS give street address) 711 Old Nort	h Po	int Road	ng most of Machir	UPAT ON (Kind of work of working life, even if retin ne Operator-	-Continen	of Busingsog tal Can
adm	ission) STATE Mary	land 71foun			Dundalk YES		711 Old No	orth Pt.	Rd.
L		erick Midd	Porsing		15 MOTHERS MAIDEN NA	Mary			lost (alton
16a.	WAS DECEASED EVER IN ((es. na. ar unknawn) (H	J.S. ARMED FORCES? yes give war or dates of service	166 SOCIAL SECURITY N 215-01-83	357	Mrs. Ida Fi	lliaw	x, 711 Old N	North Pt.	Rd.
	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave nse to immediate cause (a), stating the underlying cause (b) DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF (c)								
CERTIFICATION	PART 2 OTHER SIGNIFICATION		RIBUTING TO DEATH BUT NO		20g. AUTOPSY?	E ORCONDIT	ON GIVEN IN PART 1(0) 206 IF YES, WERE FINDI CAUSES OF DEATH?	INGS CONSIDERED IN	I CERTIFYING
MEDICAL CERT	21a. ACCIDENT WAS UNI OR CONTRIBUTING CAUS (If either, notify medicol	exominer)	P.M. 19		HOW INJURY OCCURRED	(Enter notus	re of injury in Part 1 or Pa		
~	21d INJURY OCCURRED While Not while at work at work 22a. 1 certify that		JRY (AT HOME FARM, STREET, FACT OFFICE BUILDING, ETC.				City or Town	County . 19 6 8th	State
	saw the deced causes stated 22b. SIGNATURE	sed alive an abave, (I) (we) (did) (did nat) view the b	ady afte	r death.			he date and hau	ur and fram the
	22d. PHYSICIAN'S	is 9º p	col M		GREE PHYS 22e. ADDRESS			4/22/68	
23a	BURIAL, CREMATION, REMOVAL (Specify)	rris A. Ja 23b DATE 4/24/68	23c. NAME OF C				th Point Rd LOCATION (Gity or Town) Real		(State)
74	Burial FUNERAL DIRECTOR	., ., .,	ADDRESS	~~~~		EC'D BY REG		TRAR S SIGNATURE	aryrand

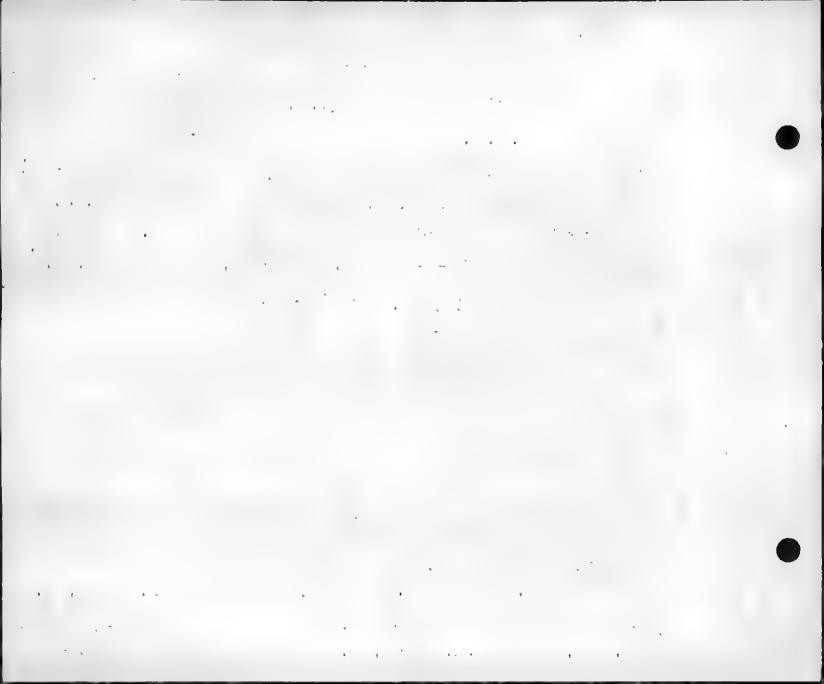
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the Lineard director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages and 2 should be filed with the State Dept. of Health prior to burial, cremation, ar removal, and in any event, within 72 haurs after death. VR A15 (4) 30M REV 1/68

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 114 haurs

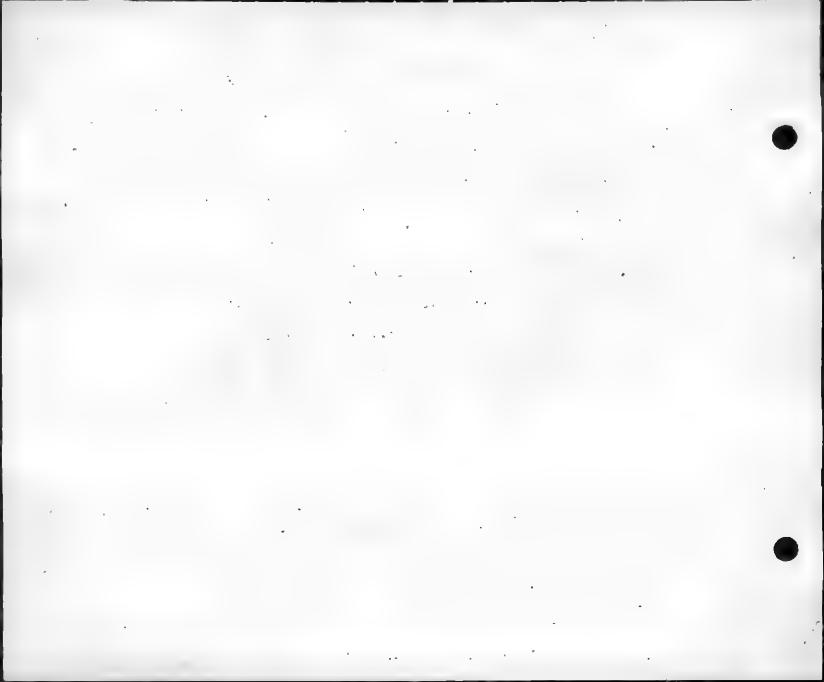
Page 4 may be retained by the haspital ar attending physician.

John J. Duda, 7922 Wise Ave. Dundalk, Md.

DATE APR 2 4 1968 FURNILL SIGNATURE

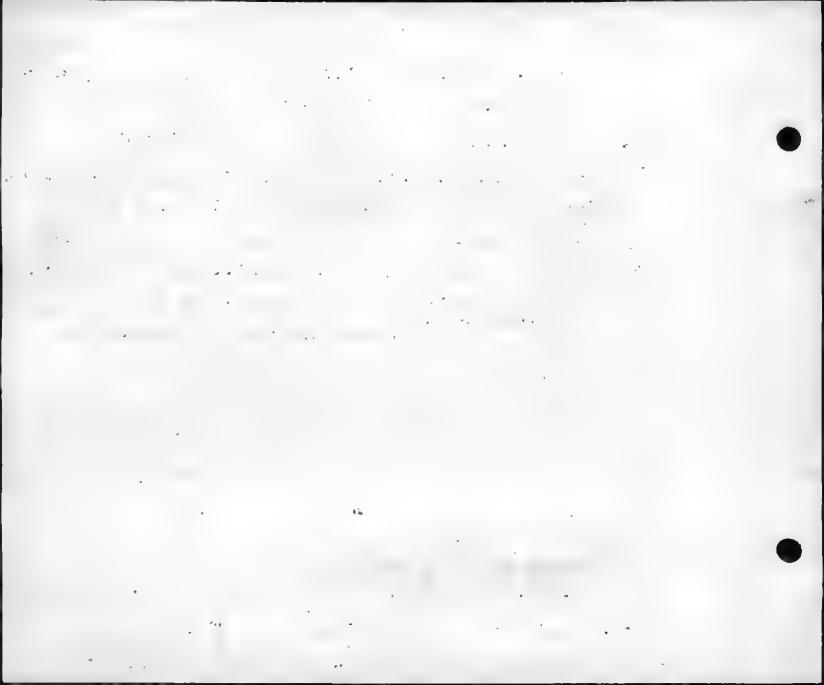


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED NAME First Middle Lost 20. DATE OF DEATH 2b HOUR death ond (Type or print) Month Yeor GARL WILHELM SEILER burial-transit permit. Then please remove carban papers. Pages 1 burial, cremation, ar removal, and in any event, within 72 hours after 3. SEX 4. RACE DATE OF BIRTH IF UNDER IL YEAR IF JNDER 24 HRS 6. AGE (In years by m. Pages last birthday) MONTHS 70 YRS law requires that the death certificate be executed within 24 haum 7a BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED MEVER MARRIED the attending physician and campletely filled in sit permit. Then please remove carban papers. WIDOWED | D. VORCED GERMANY 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (if not in hospital 12a USBA, OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY 130. JSJAL RESIDENCE (Where deceased lived, if institution; Residence before \$13c CITY OR TOWN 136. INSIDE CITY LIMITS? 13e STREET AND NUMBER 13b COUNTY admission) STATE 218 14, FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME Middle BaltasAR ImmE 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, ar unknown) 213-10-0345 218 WALKER 1B. CAUSE OF DEATH (Enter only one couse per ling for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY terio sele IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Canditions, if any, which gave: rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF physician. stating the underlying cause signed PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) be retained by the haspital or attending as the prior tal has been 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? YES T NO | 3 should be detached far use with the State Dept. of Health p Page 4 may be retained by the haspital or O FUNERAL DIRECTOR: After this certificate 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF OEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. (AT HOME FARM, STREET, FACTORY) 21f LOCATION Street or R.F.D. No. 21d IN. JRY OCCURRED 21e PLACE OF INJURY State Dept. City or Town County State While Nat while at work OR ATTENDING 220. I certify that (I) (this hospital) ottended the deceased fram 3 - 4, 1968, to 4 - 5, 1968, that (I) (we) lost saw the deceased olive on 4 - 5 1968, and that in (my) (our) opinion death occurred on the date and hour and from the couses stated above, (I) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** MED. DIRECTOR director, page 3 should be filed v DEGREE PHYS. PHYS. 22d. PHYSICIAS S 22e. ADDRESS NAME (Type) 23a (BUR AL) CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b DATE (County) REMODYAL Speedy) 4-8-68 Dulaney Valley Cockeywille, Md. Baltimore 24 FUNERAL DIRECTOR **ADDRESS** 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) Wm. Cook-Brooks Towson. Towson. Md. 21204 30M REV 1/68



Monument Street DATE Baltimore

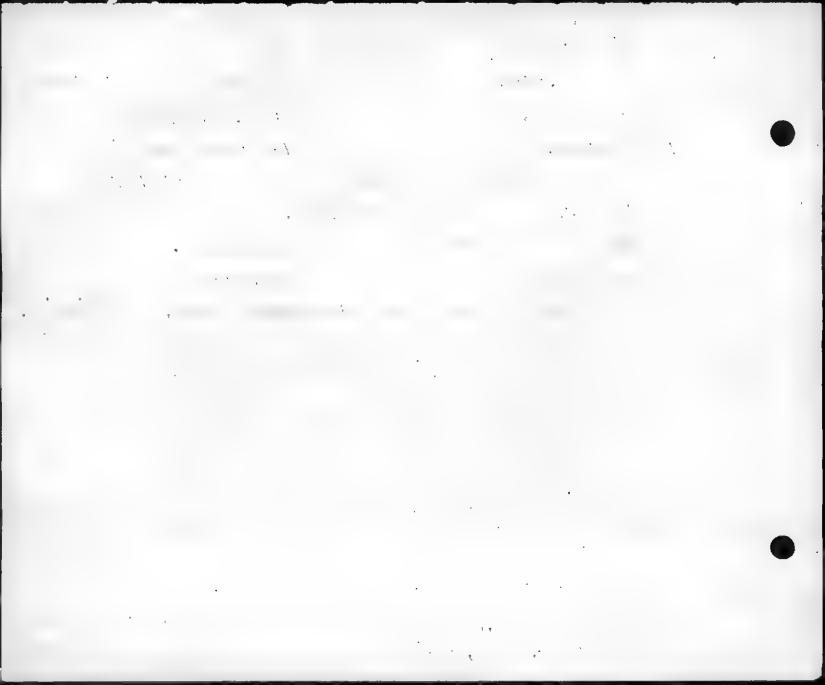
30M REV 1/68



VR A15 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY Baltimone	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE M
MARYLAND (riary cana. Da ceurone
write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	Providence Towson 21204) d. STREET ADDRESS e. IS RESIDENCE
1000 Roxleigh Road	1000 Roxleigh Road YES NO TO
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
(Type or print) Anna (arson Shepard	DEATH April 18, 1968 19
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH 9. AGÉ (In years IFUNDER 1 YEAR FUNDER 24 HRS.
Female White WIDOWED TO DIVORCED 1	March 9, 1875 93 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Housevile Own Home	Pittsburgh, Penna. USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Joseph McCall	Maria Lambert
15. WAS DECEASED EVER TNU.S. ARMED FORCES? 16. SOCIAL SECURITYNO. 17. (Yes, no, or unknown) (If yes give war or dates of service)	INFORMANT Address Towson, Md.
No None 086-07-38300 M	iss Elizabeth Shephard, 1000 Roxleigh Rd.
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:	Hery Tarliere 22485
DUE TO MAKE	1 1- 3/ 10
Conditions, If any, which) (b) Wiley, o- Sclos	refer Herry Drewns
gave rise to immediate (cause (a), stating the DUE TO	
underlying cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAT	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
85 J	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO CAUSE OF DEATH OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of injury in Part I or Part II of item 18.)
	E OF INJURY (Home, farm,) 20f. (City or town) (County) (State)
Hour a.m. p.m. 19 While Not While at work	y, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from	1965 to 1965, that (1) (we) Tast
	death occurred at 2 M, from the causes and on the date stated above.
22a. SIGNATARE	22b. DATE/SIGNED
Themes Verly M.D.	
22c. PHYSICIAN'S NAME (Type)	3201 N. PHARLES 85
NAME (Type) - RANCIS / MALY.	
233. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	
Kemoval Burial Horil 22, 1968 Student Horist	
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
John Burns' Sons, Towson, Maryland	DATE ADR 9 3 1968 yellowles Judge
	APK 2 3 1000



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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the Tuneral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages Landshauld be filed with the State Dept. of Health priar to burial, cremation, ar remaval, and in any event, within 72 haurs after deat

FOR BUILTIES OR ATTENDING FIFYICIAL: The law requires that the Beath certificate be executed within 24 haurs

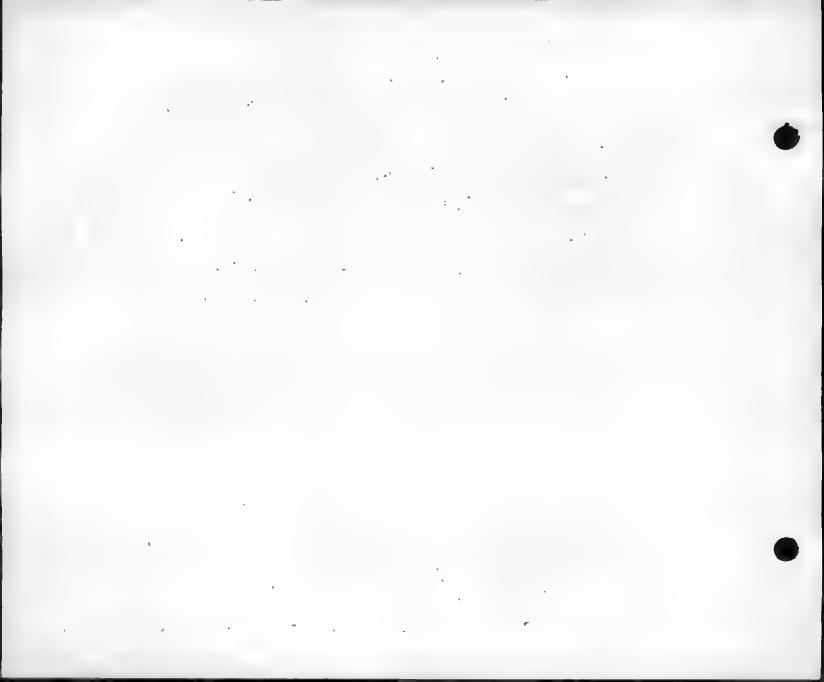
Pagm 4 may bm retained by the haspital or attending physician

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	CERTIFICATE OF DEATH												
	ECEASED-NAME First		Middle		Last	20	DATE OF DEATH	_		2b. HOUR			
(Type or print) Emma		M_{\bullet}	S	Sherman		April Month	Day	Year 68	5.00I			
3. S	X	4. RACE			S. DATE OF BIRTH		6. AGE (In year	4	F UNDER 1 YEAR	IF UNDER 24 HR			
	Female	Wh	ite		4-25-18	95	last birthday)	YRS.	DAYS DAYS	HOURS M			
	BIRTHPLACE (Stote or foreign	76. CITIZEN OF W	HAT COUNTRY?	8. MARRIE	D NEVER MARRIED	9. CO U	INTY OF DEATH						
EQU	Laryland	H	.A.	WIDOWE	D DIVORCED		paltimore						
10. (Towson	give	AME OF HOSPITAL OR INS street address) St. Joseph	,	durin		UPATION (Kind of work i working life, even if reti		12b KIND OF INDUSTRY	BUSINESS OR			
	USUAL RESIDENCE (Where decea	rad load of presidual	ion. Paridance hafara		OR TOWN 13d. INSIDE	CITY LIMITS?	13e STREET AND NUMB	ER					
om	ission) STATE Maryland	136. COUNTY	altimore	Luth	erville YES	NO 🖳	1016 Adco	ck 3	λα.				
4	FATHER S NAME First	Middle	last		IS MOTHER'S MAIDEN NA	ME First	Mrde	dle		last			
	•		Lund		?					?			
	WAS DECEASED EVER IN U.S. AR Yes, no, or unknown) (11 yes give	MED FORCES?	16b. SOCIAL SECURITY I	10. 17	, INFORMANT		Addr	ess	210	93			
	1.0				Mrs Anth	ny (Camparano	1016	Adeue				
	18 CAUSE OF DEATH (Enter of		ne far (a), (b), and (c))						MATE INTERVAL INSET AND DEATH			
	PART I. DEATH WAS CAUSE	D BY. ATE CAUSE (a)	Cerebral v	ascul	ar hemorrha	ge							
	1319		AS A CONSEQUENCE OF										
	(anditions, if ony, which gave)												
	rise to immediate cause (o), stating the underlying cause	00 07 200	AS A CONSEQUENCE OF										
	lost.	(c)											
	PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIB	IT NG TO DEATH BUT N	OT RELATED	TO THE TERMINAL DISEASE	ORCONDITI	ION G VEN IN PART I(o)						
z													
CERTIFICATION	19a. DATE OF OPERATION 19b	CONDITION FOR W	ICH OPERATION WAS PE	RFORMED	20a. AUTOPSY?		20b IF YES, WERE FIND	INGS CON	ISIDERED IN C	ERTIFYING			
TE					YES 🔀 NO	0 🗆	CAUSES OF DEATH?						
	210. ACCIDENT WAS UNDERLY			21c	HOW INJURY OCCURRED	(Enter natur	e of injusy in Part I ar P	art 2, Ite	m 18.)				
DCAL	OR CONTRIBUTING CAUSE OF DEA	iner) P.M.	19	,									
MED	21d INJURY OCCURRED 21e While I Nat while I at work	. PLACE OF INJURY	(AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	TDRY) 21F	LOCATION Street or R.F.E		City or Town		County	State			
	22a. I certify that QL (the saw the deceased of	22a. I certify that Of (this haspital) attended the deceased from 4/2/, 19.6a., to 4/2/, 19.6b., that (i) (we) lassaw the deceased alive an 19.6c., and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated abave, (I) (we) (did) (did not) view the bady after death.											
	22b. SIGNATURE	e, (1) (we) (ala)	(ala not) view the	Dady arre	a deam.			27c DA	TE SIGNED				
	220 SIGNATURE	1:00	•	DE	GREE PHYS.	MED. DIRECTO	OR STAFF		il 8.	1968			
	22d. PHYSICIANS	1 200m	7		22e. ADDRESS				-				
	NAME (Type) Ine:	s Cillian	1. M.D.		7520	York :	Rd., lowson	Md.	1				
23a	BUR AL CREMATION. 23b	DATE	23c. NAME OF	CEMETERY (OR CREMATORY	23d.	LOCATION (City or Town)	(Caunty)	(State)			
	REMOVAL (Specify) Burial	ž-/-10-6						,	, ,,	,,			
24.	FUNERAL DIRECTOR	4-4-TO-6	ADDRESS	TA Le	deemer 250 RE	CD BY REGI	Baltimor ISTRAR 256 REGIS	TRAR S SI	GNATURE				
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Item 6 Film G399 1/22/68 kk 2a. DATE OF DEATH DECEASED-NAME 2b. HOUR (Type or print) Month S. DATE OF BIRTH transit permit Then please remave carban papers. Pages 1 crematian, or remaval, and in any event, within 72 hours after 3 SEX IF JNDER 24 HRS. The law requires that the death certificate be executed within 24 haurs after last birthday) MONTHS 8-14-68YRS 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED [NEVER MARRIED] country) usa WIDOWED I DIVORCED [New Hampshire completely filled 10 CITY OR TOWN OF DEATH TOLL SO 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done 12b, KIND OF BUSINESS OR give street address) during most af warking life, even if retired.) the attending physician and campletely fisit permit. Then please remave carban TY LIM TS? 13e STREET AND NUMBER 13a USUAL RESIDENCE (Where deceased lived, if institution Residence before 13d. INSIDE CITY LIM TS? 13c CITY OR TOWN 13b. COUNTY . YES 🗀 NO D 14. FATHER'S NAME Middle Last 15. MOTHER'S MAIDEN NAME First reeman 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17. INFORMANT Yes, no. ar unknown) (If yes give wor or dates of service) Wm. R. Sima. son, above 18 CAUSE OF DEATH (Enter only one cause per line for (a)...(b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Canditians, if any, which gave rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause burial, last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) **TO FUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detached far use as the should be filed with the State Dept. of Health prior to 1 Page 4 may be retained by the hospital ar attending 19a. DATE OF OPERATION 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES NO 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH Manth Day Year (If either, natify medical examiner) P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET FACTORY,) 21F LOCATION Street or R.F.D. No. State City or Tawn County White Nat while at wark 22a. I certify that 🗗 (this haspital) attended the deceased fram____ 4/10 . 19 65 , that (15 (we) lost saw the deceased glive an 44/0 1 _19 🛴 8; and that in (🚙) (aur) apinian death accurred on the date and haur and fram the causes stated abave, # (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED DEGREE PHYS DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a BUR AL, CREMATION 23b DATE (County) (State) BUIL Specify) 4/13/68 ake View Mem. Park Carroll County. 250. REC'D BY REGISTRAR 5 24 FUNERAL DIRECTOR **ADDRESS** Schimunek Funeral Home, Inc. 30M REV. 166 DATE Brehms Lane



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 J539 CERTIFICATE OF DEATH Middle 2g DATE OF DEATH DECEASED NAME First 26 HOUR (Type or print) EUNARD the ottending physicion and cumpracy, propers. Pages__ Isit permit. Then please remove carbon papers. Pages__ Isit permit. Then please remove event, within 72 hours often AGE (In years F JNDER 1 YEAR IF UNDER 24 HRS 3. SEX requires that the death certificate be executed within 24 hours after lost bigthdey) HOURS physicion and completely filled in by the I male 9 COUNTY OF DEATH 7g. BIRTHPLACE (State or foreign MARRIED NEVER MARRIED country) Baltimore County WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street oddress) during most of working life even if retired) Mt. Wilson Mt. Wilson State Hosp. 13a USUAL RESIDENCE (Where deceosed lived, funstitution, Residence before 13c CITY OR TOWN cremation, or removol, and in ony event, 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER WINDSOR 14. FATHER'S NAME Middle IS, MOTHER'S MAIDEN NAME First SINGLETON ANNA 16b SOCIAL SECURITY NO 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) -0/50 Records, Mt. Wilson State Hospital APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), agd (c)) BETWEEN OWSET AND DEATH PART I. DEATH WAS CAUSED BY: RIGHT UPPER LOBC ARCINOMA buriol-tronsit permit. month IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) rise to immediate cause (a), signed by DUE TO, OR AS A CONSEQUENCE OF physician. stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the ottending O FUNERAL DIRECTOR: After this certificate hos been 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? YES TO letoched for use of Dept. of Health p be retained by the hospital or 21g ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED 216 TIME OF INJURY (Enter nature of injury in Part 1 or Part 2, Item 18.) TOR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Day Year P.M (If either, not by medical examiner) detoched (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R F.D. No. State 21d. INJURY OCCURRED 21a. PLACE OF INJURY City or Town County While Not while of work 220. I certify that (I) (this hospital) arended the deceased from 1965, 1965, to 4/2, 1965, that (I) (we) last saw the deceased olive on 4/2, and that in (my) (our) opinion death occurred on the date and hour and from the should with the causes stated above, (1) (we) (ard) (did not) view the body after death. 22c. DATE SIGNED 22b. SIGNATURE **ATTENDING** STAFF PHYS. DEGREE PHYS DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S William Newcomer, M.D. NAME (Type) Mount Wilson, Maryland director, should be 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (State) ((county) 230 BURIAL, CREMATION - REMOVAL Specify WINDSOR ADDRESS 250. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 30M REV



/ 1		MARYLAND STATE DEPARTMENT OF HEALTH	
1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	133
HEALTH DEPA	1 0	ECEASED NAME Ella-Liss Vaughan Siochestat Lost 20. DATE KNOWN Month [
Poge 3 to	-	Type or Print) ELLA SOUS SAT	13 1968 N
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death » Pag with		CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol 120. USUAL OCCUPATION (Kind of work done 1	12b. KIND OF BUSINESS OR
► > m ∓		ear Jacksonville, Md. Jarrettsville Pk & Manon Rd. Housewife even if retired.)	"Un Home
s after 18 Gr alono 2 with death		USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d INSIDE CITY UMITS? 13e. STREET AND NUMBER 13b. COUNTY OF TOWN 13d INSIDE CITY UMITS? 17C2 OF TOWN 17C2 OF TOWN 17C2 OF TOWN 17C3 OF TOWN 17C3 OF TOWN 17C4 OF TOWN 17C5 OF TOWN 1	4
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hours Item 18 Office Office I and 2	14	FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	Lost
2 5 5		Dr. George Patterson Mary Vaughan	
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within pencil xamine ile pag		(es, no, or unknown) (type give war or dates of service) Stuart G. Garrett, 517 & 84th St.,	New York, N. S
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bill per hiref		Conditions, if only, which gove use to immediate cause (o), (b) Skull FRAESWEE	
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		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
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cer hou lles sho trar	MEDICAL	CAJSE OF DEATH PM 7/13 1920	
CEMETER: to the certain ahould our files oge 3 shou cremittion,	2	21d NJURY OCCURRED 21e, PLACE OF .N., RY (At home, form, street, at work at w	BAND MID
5 5 5 A			011010.
John Manual In the Control of the Co		220. I certify that I taak charge af the remains described abave, held an Autopsy . Inspection . Inquity	and in my opinion
Ose ose on medanned		death resulted fram: Natural causes , Accident , Suicide , Homicide , Undetermined manner	
Print direction		ACTUAL CHIEF MEDICAL EXAMINER L	tourn A
ry, ple erol di be retr RAL Di prior		SIGNATURE MD ASSISTANT MEDICAL EXAM NER 220 DATE ST	13/68
necessory, plane funeral of smay be record of small of sm		EXAMINER'S NAME (Type) Wing A. P. Los Bury ADDRESS (Street My, 100M, of county)	13/00
necesso the fun 5 may 70 FUN Health	230	BURIAL CREMATION 235 DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town)	(County) (State)
	10	remation Apl. 15, 1968 Greenmount Cemetery Baltimore, Maryle	,
N. K		FUNERAL DIRECTOR ADDRESS 250 REC D BY REGISTRAR 256 REGISTRAR 5 SU	GNATURE
VR A15ME \$ 1	x	ohn Burns' Sons, Towson, Maryland DATAPR 17 1968 followed	to Judge
V	-		



ADIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 000334 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 1. DECEASED NAME M ddie Last 2g DATE KNOWN Month Day Year 25 HOUR (Type or Print) OF ESTI STEPHANIE (or STELLA) B. SLONSKI DEATH MATED F UNDER 1 YEAR IF UNDER 24 HRS 6 AGE (In years 2c DATE PRONOUNCED DEAD 3 SEX 4 RACE S DATE OF BIRTH 2d HOUR 10/5/1920 White Female 7o. BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? MARRIED T NEVER MARRIED 9 COUNTY OF DEATH country Baltimore, Mi. Baltimore WIDOWED | DIVORCED e, writing the word "pending" in pencil in Item 18. Give Pages forwarded to the Chief Medical Examiner's Office along with for lond 2 with the State 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 12b. K ND OF BUSINESS OR during most of working ife, even fretired) Bletzer Road Dundalk 13d INSIDE CITY LUMITS? 13e. STREET AND NUMBER 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c City OR TOWN 13b COUNTY timore 8324 Bletzer Road YES NO R Dundalk 4 FATHER'S NAME First IS MOTHER'S MAIDEN NAME Keeur Ma ry Alexander Kiwakowski poges hours 160 WAS DECEASED EVER NUS. ARMED FORCES? 16b SOC AL SECURITY NO 17 INFORMANT ADDRESS (Yes, no. ar unknown) be executed with Ben P. Slonski, husband, (above) 2 APPROXIMATE INTERVA event within 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if only which gave rise to immediate cause (a). This certificate should DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse . 🖂 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 19a, DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION 20 AuTOPSY? WAS PERFORMED? HO -210 EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter nature of njury in Part 1 or Part 2, Item 18) 21b. TIME OF IN-JRY Month, Day, Year HOUR A.M. PR MARY TOR CONTRIBUTING cremation, SICAL EXAMINER: CAUSE OF DEATH 21d NJURY OCCURRED 21e PLACE OF JN. JRY (At hame, form, street, 21f LOCATION Street of R.F.D. No. C ty or Town County State moy be retained for your FUNERAL DIRECTOR: Page factory, office building, etc.) MOT WHILE I AT WORK ___ AT WORK 22a I certify that I taak charge of the remains described above, held an Autopsy ... Inspection Inquiry and in my apinian the funeral director death resulted from Natural causes 1 Accident . Suicide . Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY April 23,1968 DEPLTY MEDICAL EXAMINER Heolth **EXAMINER'S** ADDRESS(Street, city, town, or county 6800 Mornington Rd. NAME (Type) Melvin B. Davis. M. D. 50 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL CREMATION (County) (State) REMOVAL (Specify) Baltimore Dulancy Valley Men Md. Buriel 24 FUNERAL DIRECTOR 250 REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE Schimunek Funeral Home, Inc. 3331 Brehms Lane VR A15ME (5) 10M REV 1768



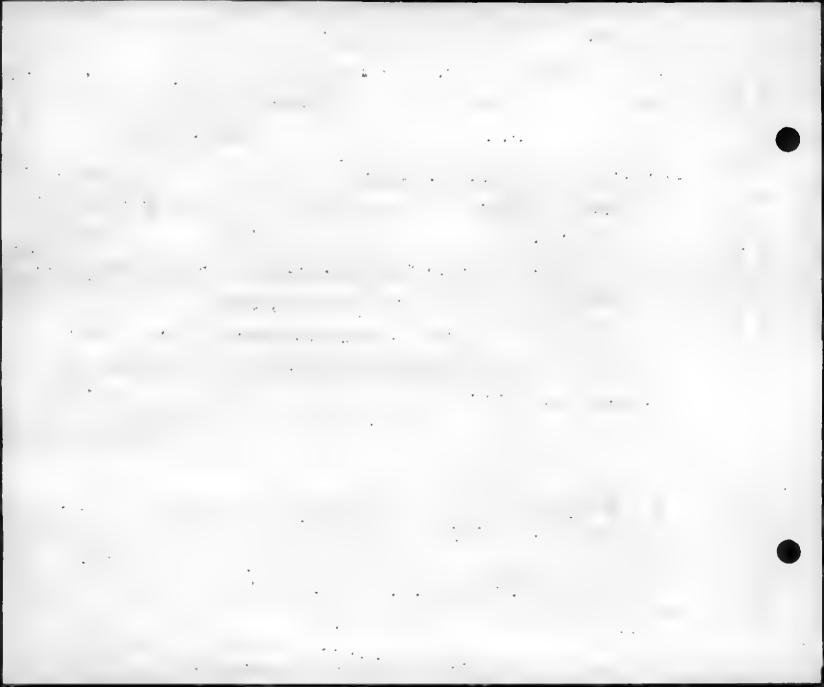
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle 2a. DATE OF DEATH DECEASED-NAME First Lost 2b HOUR (Type or print) CHARLES SMITH Α. 5. DATE OF BIRTH IF UNDER I YEAR 4. RACE 6. AGE (In years IF JNDER 24 HRS NEGRO MALE glast birthday) HOURS. 11/27/22 76 CITIZEN OF WHAT COUNTRY? 7a BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 8 MARRIED NEVER MARRIED U.S.A. BALTIMORE COUNTY. COMPARY LAND WIDOWED | DIVORCED [10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) WHAT GE FORT HOWARD DAE CITY OR TOWN 130 USUA: RESIDENCE (Where deceased lived, if institution. Residence before 13e STREET AND NUMBER 13d INSIDE CITY UM TS? LLICOTT CITYYES NEW CUT ROAD 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Lost BENTLEY VIOLA AMOS SMITH 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT YES no, ar unknawn) CLIN.RECORDS, VA HOSPITAL, FT HOWARD, MD. 218 16 00 30 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY MMEDIATE CAUSE (a) CEREBRAL HEMORRHAGE PONTINE. RECENT DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave) (b) HYPERTENSIVE CARDIOVASCULAR RENAL DISEASE. OLD rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause ARTERIOSCLEROSIS GENERALIZED. OLD PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) ANEURYSM BASILAR ARTERY 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES yes 武 NO [T 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Hem 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical exominer) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town State County While Not while at work 22a. I certify that (1) (this haspital) attended the deceased from 4/9/68 , 19 , to 4/11/68 , 19 , that (1) (we) last saw the deceased alive an 4/11/68 , 19 , and that in (194) (aur) apinion death accurred an the date and haur and from the causes stated above (the (we) (did) (and analyziew the bady after death 22b. SIGNATURE MED. DIRECTOR DEGREE 22d PHYSICIAN'S WAME (Type) 22e. ADDRESS JOHN D. TALBERT, M. D. VAH FORT HOWARD, MARYLAND 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION. (County) (State) BALTIMORE. MARYLAND 4/16/68 BALTIMORE NATIONAL

the ottending physicion and completely filled in by the funeral sit permit. Then please remove carbon papers. Pages Land 2 nation, or removel, and in any event, within 72 hours after deaph mavire that the doubt certificate be executed within 24 hours after signed by the bur of-transit p buriof, crematic Page 4 may be retained by the confidence has been TO FUNERAL DIRECTOR: After this certificate has been referented, page 3 should be detached for use as the 30M REV

3. SEX

24. FUNERAL DIRECTOR

ADDRESS NUTTER FUNERAL HOME 2025 W. North Avenue



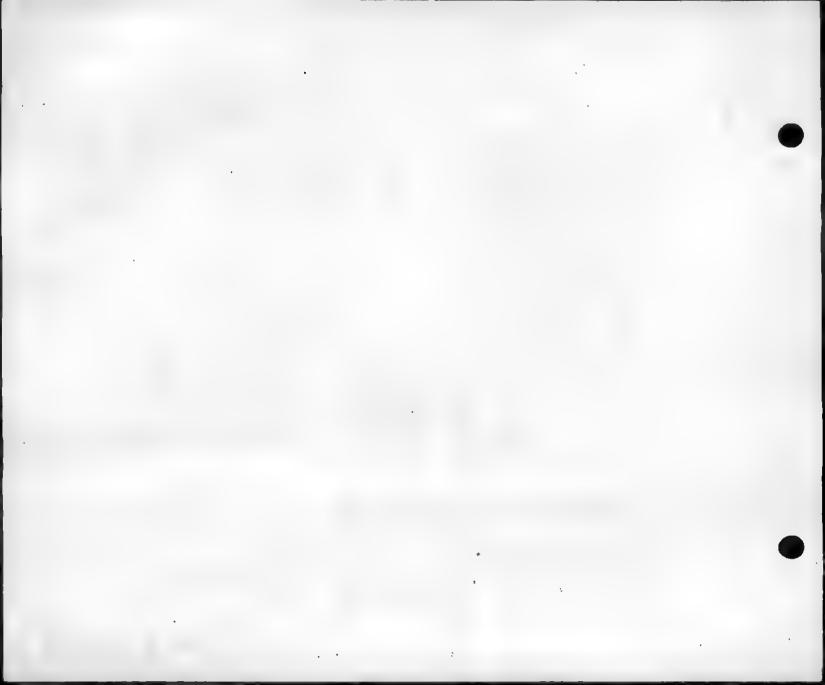
FOR STATE ALTH DEPT. O DEPUTY SICAL EXAMINER: This certificate should be executed with n 24 hours after death Thy delay is necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director Page 4 should be farwarded to the Chief Medical Examiner's Office a ang with farm PM3. Page TO DEPUTY

Health prior to burial, cremation, ar removal, and in any event within 72 hours ofter death.

5 may be retained far yaur files. TO FUNERAL DIRECTOR: Page 3 shauld be used as a bur a-transt permit file pages 1 and 2 w th the Stat VR A15ME (5) 10M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	6
	ECEASED-NAME First Middle Lost 20 DATE KNOWN Month D	OYO Year 26 HOUR
1 "	(YPE OF PTINI) HARRY M. SMITH DEATH MATED I 1-2	1 19 6 TM
3. SE		24 HOJES
17/	1 LE WHITE DEC 12-1885 82 YRS MONTHS DAYS MOURS MAIN MONTHER DOY 28	Year 1968 68 M
	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED 9 COUNTY OF DEATH	7
Coun	MARYLAND U.J.A	Md.
10 (ITY OR TOWN OF DEATH 11 NAME OF HOSP TAL OR INSTITUT ON (find in hospital during pass of working life, even if retired) IN	b. KIND OF BUSINESS OR DUSTRY, TO P
	JUDITUR OLEKK	STORE
130	USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER	3
	dmission) STATE MARYWAND 136 COUNTY BA LTIMORE YES & NO - 2037 FLEET	2/
/ I.4 E	ATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	Last
		ERETT
	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (es, no, or upknown) (If yes gree wor or dates of service)	
	213-48-5456 MRS BESSIE V BAUER 9313 H	UNBIRD
	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART DEATH WAS CAUSED BY	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (a)	
	DUE TO, OR AS A CONSEQUENCE OF	
	Conditions, if any which gave) (b) Xellelly rise to immediate cause (o),	
	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
	OST (c)	
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
NO.	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
FIG.	WAS PERFORMED?	YES NO.
CERTIFICATION	210 EXTERNAL CAUSE WAS 216 TIME OF INJURY Month, Doy Wear 21c. HOW INJURY OCCURRED (Enter nature of nature of nature) in Part 1 or Part 2, Item	L. I I I
	PRIMARY OR CONTRIBUTING HOUR A.M.	
MEDICAL	CAOSE OF DEATH	County State
	WHILE NOT WHILE factory, office building, etc)	, , , , ,
	220. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry ,	ond in my opinion
	deoth resulted from Notural couses , Accident , Suicide , Homicide , Undetermined monner	רוט ויו וווע סטויווטיו
	CHIEF MEDICAL EXAMINER	
	ACTUAL 22h DATE SEC	INED 4 /
	SIGNATURE DEPORT UPDICAL EXAMINED	4/29/68
	NAME (Type) M- 13- DAVIS M-D ADDRESS(Street, city town, or county) DUNDAL	P MS
23a	BURIAL, CREMATION, 23b DATE , 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town) (C	ounty) (State)
1	BRINDIAN (Specify) 5/1/68 HOLY REPERMER BRUTIMONE	aril
24	FUMERAL DIRECTOR ADDRESS 250 REC D BY REGISTRIR 10 24 REGISTRIA	Wall Judge
60	LRICH FUNERAL HOME-DUNDALK MD DATE NO 1 1500 F	0



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 2a DATE OF DEATH 2b. HOUR requires that the death certificate be executed within 24 haurs after death (Type or print) Month 40 aM Smith, Sr Joseph Brown 9 SEX S. DATE OF BIRTH SE UNIOER 1 YEAR IF UNDER 24 HRS. 4. RACE AGE (in years 10st brithday) 7/4/17 Male NEGRO 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign MARRIED NEVER MARRIED ANNAPOLIS, MD. affending physician and completely filled in permit. Then please remave carban papers DIVORCED WIDOWED USA Towson 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospitol 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street address) during most of working life, even if retired) INDUSTRY Towson Greater Balto Medical Center BARTENDER event, 13a USUAL RESIDENCE (Where deceased lived, if institution Residence before 1/13c, CITY OR TOWN 13d. INSPOS CITY LUMITS? 13b COUNTY ANNAPOLIS YES [NO [308 CHESTER AVENUE cremation, ar remayal, and in any 15. MOTHER'S MAIDEN NAME First Last CATHERINE NMN BROWN ERNEST James SMITH16b SOCIAL SECURITY NO. 17. INFORMANT Address Annapolia. Md 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, ar unknawn) (If yes give war or dates of service) 216-18-300 Beatrice P. Smith 308 Chester Ave 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH Pulmonary sepsis IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) Carcinoma of tongue and pharynx with metastases burial-transit rise to immediate cause (a), signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the has been 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES X H0 Page 4 may be retained by the haspital ar O FUNERAL DIRECTOR: After this certificate 21g. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day (If either, natify medical examiner) (AT HOME, FARM, STREET, FACTORY,) 216 LOCATION Street or R.F.D. No. 21d. INJRY OCCURRED 21e. PLACE OF INJURY State City or Town County While Not while at work 220. 1 certify that (I) (this haspital) attended the deceosed from 3/26 , 19 68, to 4/2// , 19 68, that (I) (we) lost sow the deceosed alive an 4/2/ 19 68, and that in (my) (our) opinion death occurred on the date and have and from the couses stated above, (!) (we) (did) (did not) view the body after death. 22h SIGNATURE 22c DATE SIGNED ATTENDING MED DIRECTOR 4/27/68 DEGREE PHYS PHYS. page <u>'</u> 22d. PHYSICIAN 22e. ADDRESS director, po NAME (Dype John E. Adams, M.D. 6701 N. Calvert Street 23b DATE 23c NAME OF CEMETERY OR CREMATORY BUR AL CREMATION 23d LOCATION (City or Town) (County) (Stote) Burial 5-1-1968 PineLawn Nem.Pk Annanolis 24. FUNERAL DIRECTOR 250. REC'D BY REGISTRAR APR 3 0

30M REV. 1/68

C.F. Hicks . 111 Annapolis . Md



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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- 20	ECEASED-NAME	First		Middle	Sc	mmbrla	tt	2o DA	TE OF DI		-		2b.	HOUR
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3 SE	X	4 RA	CE			S. DATE OF B	RTH		6	AGE (In yes	ors	IF UNOER 1 YEAR MONTHS DAYS	IF LINDER	R 24 HRS.
	Female		whit	e		Augus	t 28, 1	886		last birthday 81	YRS.	MUNITAS DIKES	HUUKS	min
7a. 1	BIRTHPLACE (State or f	fareign 7b (1772	en of what co	DUNTRY?	8 MARRIED	NEVER MAI	RRIED	COUNT	Y OF D	EATH				
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10 0	atonsvill			FHOSPITAL OR INSoddress) OVE Sta						nd of work s, even if ref		125 KIND O INDUSTRY	F BUSINES:	S OR
130	JSUAL RESIDENCE (WI	here deceased lived.	f institution R	esidence before			13d. INSIDE CITY LIM			T AND NUM			•	
odm	ission) STATE aryland	136	COUNTY Baltimo	re			YES NO	X	2	818 No	rth	Wind R	oad	
		First	M ddle sley	Knight	1:	s. Mother's M	AIDEN NAME FII E 1	iza		Mil	dd e	Fisher	Last	
160.		IN US ARMED FORCE		SOCIAL SECURITY N	10. 17.	INFORMANT				Add	iress			
,	res, n ang unknawn)	[If yes give war or dates a		19-03-8	81.3.	Record	s: Spr	ing_	Gra	ve_Sta	te l	Hospit	2]	
	18. CAUSE OF DEAT	H (Enter on y one co										APPRO	XIMATÉ INTER ONSET AND	
		WAS CAUSED BY IMMEDIATE CAUSE	Mx	ocardia		farct	ion						acute	
	Conditions, if any, we rise to immediate a stating the underly lost.	rhich gave)	(b) Ar	ONSEQUENCE OF terios C ONSEQUENCE OF terios C									yrs	
	PART 2 OTHER SIGN	BEICANT CONDITIONS										122	71.0	
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CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? YES (X) NO CAUSES OF DEATH?									ONSIDERED IN	CERTIFYIN	G		
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ME	21d. INJURY OCCURR While Nat while at work of wark	RED 21e. PLACE OF	F INJURY (AT HO	IME, FARM, STREET FAC E BUILDING, ETC.	TORY.) 216 L		et of R.F.D. Na.		City or			County		State
	22a. I certify th saw the de causes stat	at (X) (this hasp ceased alive an ed abave, (1) (X	April	. 30. 1	9 00 an	d that in (m	19 <u>6</u> 1y) (a 4) apir	oB_, to nian de	ath ac	pril :	30 J9_ the da	68, the te and hou	rand fro	/e) last om the
	22b. SIGNATURE	Milan	Man	194/1/1	DEGI	3117.00	L DII	ED. RECTOR		STAFF PHYS.		May 1,	196	8
1	22d PHYSICIAN S NAME (Type)	Anthony J	Young	M.D.		22e ADI	Obra					ospita 21228		
23a	BURIAL CREMATION REALD FAIL (Specify)	236 DATE/6		23c NAME OF		crematory Church	Cem.	23d 10 Pla	CAT ON	(City or Tow nt Val	m)	(County)	(Stote	
24.	FUNERAL DIRECTOR	Buck I	nc. Ba	ADDRESS 14 into 20	Malay	layld	2So. REC D BY		1968	1		SIGNATURE	42	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached far use as the bural-transit permit. Then please remaye carban papers. Tages should be filed with the State Dept. of Health priar to buriar, crematian, or remayal, and in any event, with in 72 haurs and

VR A15 30M REV.

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/ X	AVX		DIVISION OF VITAL RECORDS, 301 W. PRESION STREET, BALTIMORE, MARYLAND 21201	
	LIVI	1 0	CERTIFICATE OF DEATH CERSED NAME First Middle Lost 20. DATE OF DEATH)
deoth	and 2		ype or print) Mildred Irene Stanley 4 Month > Doy	6 P 11 Se
24 haurs affer		3. \$1	4. RACE S. DATE OF BIRTH 6 AGE (In years lost birthday)	IF UNDER 1 YEAR IF UNDER A HIS. AONTHS DAYS HOURS MIN
SINI	s. Pag haurs c		SIRTHPLACE (State of foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MAPPIED (2) NEVED MAPPIED 9. COUNTY OF DEATH	
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within	on pal within		Ba Himore III. NAME OF MOSPITAL OR INSTITUTION (If not in haspital during most of working life, even, fretired) Ba Himore III. NAME OF MOSPITAL OR INSTITUTION (If not in haspital during most of working life, even, fretired)	12b. KIND OF BUSINESS OR INDUSTRY
cuted 1	amplete ve carb event,	13o odm	USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 3d INSIDECTY JAMIS? 13e. STREET AND NUMBER	swick Rd.
pe exe	can and a ease rema and in any	14.	Franklin Unknown Snouffer 15. MOTHER'S MAIDEN NAME First Middle	SHifley
ificate	V 0 3		WAS DECEASED EVER IN U.S ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANTS (If yes give wor or dates of service) Unknown Address Line Thomas Address Address	
that the death certificate be executed			18. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c)) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Parfarated Inha - alakanenal rescus	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
the de	e attend permit tion, ar r		Conditions, if ony, which gove) (b) Systemic Ceepus Enthematoris	Caron -
that	transit presenti		n'se to immediate cause (a), (b) DUE TO, OR AS A CONSEQUENCE OF	Q Carry
uīres	signed burial-l burial-l		DS1. (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g)	
req		2	Hus X	
The law	icate has been for use as the Health prior to	CERTIFICATION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20c. AUTOPSY? YES NO CAUSES OF DEATH?	ISIDERED IN CERTIFYING
IAN:		MEDICAL CER	210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year P.M. 19	m 18)
PHYSIC	his certif	MED	21d. INJURY OCCURRED While Not while 121e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) While 121e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town	County State
DING	Of International State		22a. I certify that (I) (this haspital) attended the deceased from 3/16, 1968, to 4/7, 1968 saw the deceased alive an 4/7 and that in (my) (aur) apinian death occurred an the date	s, that (I) (we) las
JEEN STORY	ECTOR: /		causes stated abave, (1) (we) (did) (did nat) view the bady after death.	, and had and from the
OR A			226. SIGNATURE LOREL A Breece DEGREE PHYS. D MED STAFF 22c. DA 226. DA	TE SIGNED
PITAL	ERAL DIR Or, page d be filed		22d. PHYSICIAN'S DEREK A. BRUCE. 220. ADDRESS G. B. M. C.	
O HOSPITAL	o FUNERAL director, page should be fi	23σ	BURIAL CREMATION, 230 DATE - 68 230 NAME OF CEMETERY OR CREMATORY 1 23d TOCAT ON (City or Town) Candleyof Faith Sellimore Ca	(County) (State)
_	VR A15 (4) 30M REV 1/68	24	FUNERAL-DIRECTOR Start S	IGNATURE SINGE



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 26 DATE OF OFATH DECEASED NAME First Middle 2b HOUR low requires that the death certificate be executed within 24 haurs after death (Type or pnnt) Charles Stauffer 60 4:00 3. SEX Male 5. DATE OF BIRTH 9-30-03 4. RACE 6 AGE (n years as (b) thday) JE UNDER 1 YEAR IF LINGER 24 HRS. physician and completely filled in by the p white 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED country) Baltimore U.S. Baltimore County WIDOWED [DIVORCED [10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR Gen. Hospiduring most of working life, even if retired.) INDUSTRY Randallstown ony event, 130. USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 13e STREET AND NUMBER 136 INSIDE CITY LIMITS? admission) STATE Balto. 3506\Rolling Rd. 13b COUNTY Randallstown 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME First 16b. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMAN Address Yes, no, or unknown? (1f yes give war or dates of service) or remova signed by the ottending phy Murial-tronsit permit. Then burial, cremotian, or remova 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN DASET AND DEATH PART I. DEATH WAS CAUSED BY: hra IMMEDIATE CAUSE (o) Conditions, if any, which gave artinocherote rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) O FUNERAL DIRECTOR: After this certificate has been Health prior to 190. DATE OF OPERATION 20b IF YES WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g, AUTOPSY? 0.5 CAUSES OF DEATH? YES | 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 2)c. HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 2, item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) PM. 21e. PLACE OF INJURY (AT HOME, EARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County Stote While Mot while at work 22a. I certify that (I) (this haspital) attended the deceased from 4 C saw the deceased olive on 4 C 19 CS, and that in 19 68-, that (1) (we) last 19_68-, to ___19 68, and that in (my) (our) opinion death occurred on the date and have and from the causes stated above, (1) (we) (did) (did not) view the body after death. 22c. DATE SIGNED 22b SIGNATURE TMED DIRECTOR ATTENDING director, page 3 should be filed v DEGREE PHYS 22e. ADDRESS O HOSPITAL 22d. PHYSICIAN'S NAME (Type) 5601 010 Court 23c NAME OF CEMETERY OR CREMATORY (Stote) 23d. LOCATION (City or Town 230 BURIAL, CREMATION REMOVAL (Specify) -FUNERAL DIRECTOR 2So REC'D BY REGISTRAR VR A15 (4) 30M REV, 1/68 Kleaner

MARYLAND STATE DEPARTMENT OF HEALTH



director, poge should be filed VR A15 (4)* 30M REV. 1/68

24. FUNERAL DIRECTOR

23a BURIAL CREMATION

BUR LAL

22d. PHYSICIAN S

NAME (Type)

23c NAME OF CEMETERY OR CREMATORY BALTIMORE NATIONAL

DEGREE

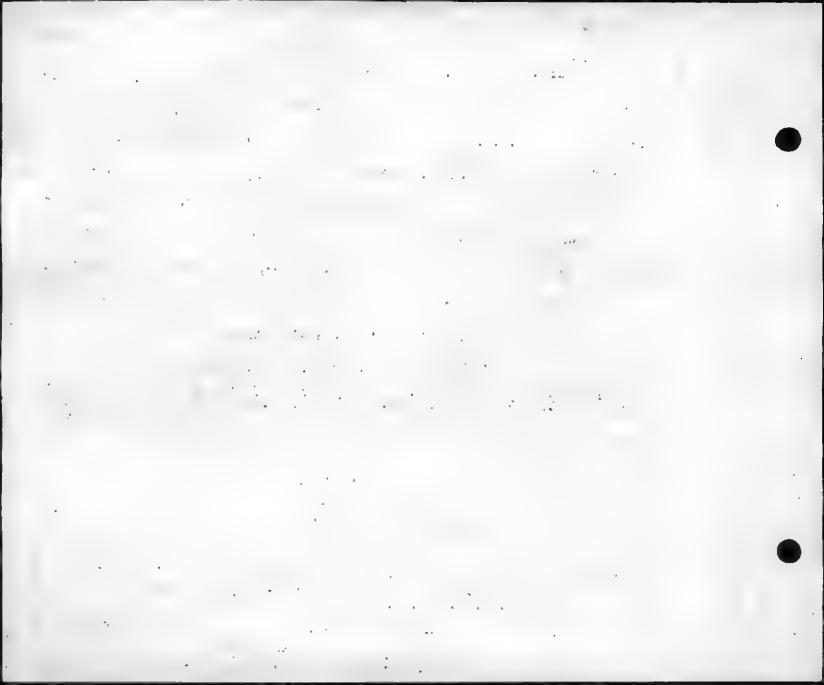
23d LOCATION (City or Town) (County) BALTIMORE, MARYLAND

VAH FORT HOWARD, MARYLAND

ROLAND BROWN FUNERAL DIRECTER 23 1968 25b REGISTRAR S SIGNATURE

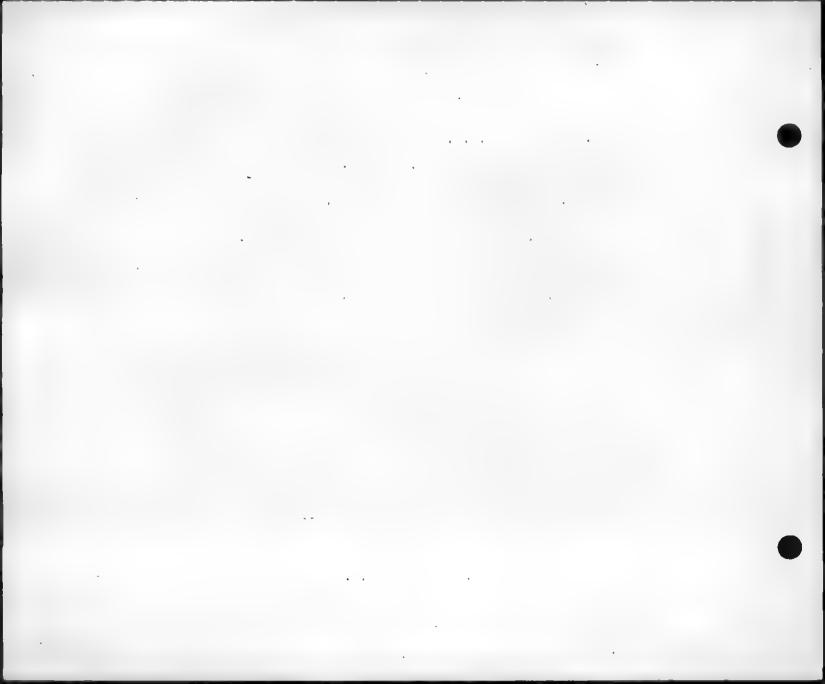
22e ADDRESS

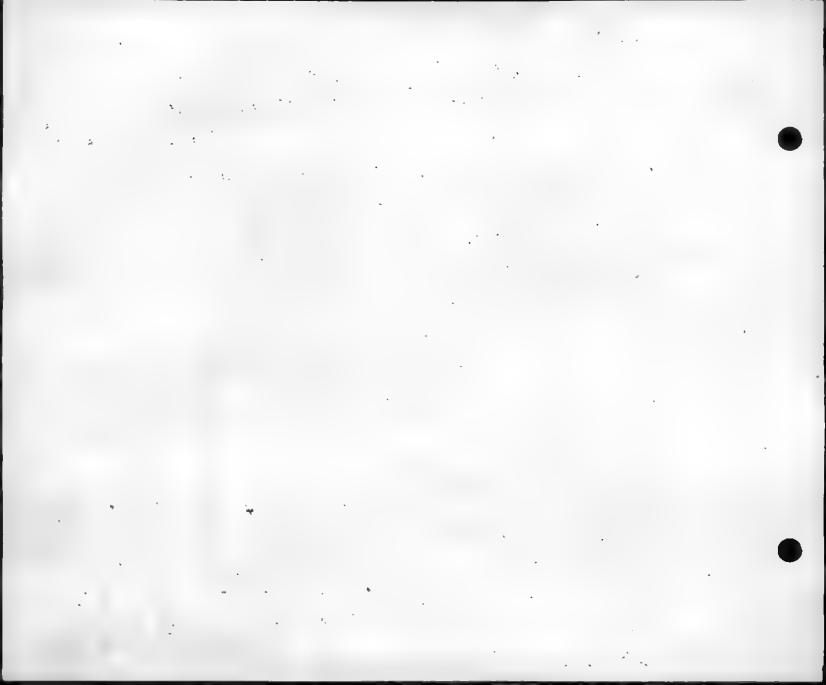
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	4- E- t DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201										
FOR STATE	1	Galann	MEDICA	EATH							
EALTH DEPT.	1 0	ECEASED NAME Type or Print) WILLIAN	First	M.doie F	SW	lost IST	2a DATE KNO OF EST	WN Month	Day Year	25. HOUR	
nd 3 to	3 5		S DATE OF BIRTH	f6. AGE	In years F undi	R I YEAR IF UNDER DAYS HOURS	24 HRS 2c. DATE PRON	OUNCED DEAD Pril Day	5 ^{Year} 19 68	2d HOURA	
Poges 1 2-and with form PM3	(0)	SIRTHPLACE (State or foreign try) Massachuse TY OR TOWN OF DEATH	11 NAM	COUNTRY? 8 A E OF HOSPITAL OR INS	MARRIED (2) WIDOWED		9 COUNTY OF DEATH Baltimon USUAL OCCUPATION (Kind	Ce af work done	12b. KIND OF BUSI	Md	
s arrer a 18. Give tolong v with the death	13a.	atonsville USUAL RESIDENCE (Where d dm ssion) STATE Mass	eceased I ved. If institution	n- Residence befgre	iday Inn 3c. CITY OR TOWN Fall Riv	13d INSIDE CITY		neer	industry it		
24 hours in Item 1 's Office s 1mnd2 s ofter d	14 FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle William J. Swist Mary A. Cartin										
winin 24 n pencil in Examiner's File pages 172 hours	160 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (H yes give wor or dates of service) 16b SOCIAL SECURITY NO 17. INFORMANT Donnelly Funeral Home, 1173 S. Ma										
e snould be executed the word "pending" is to the Chief Medical buriol-transit permit. It is nony event within		Conditions, if any, which ge rise to immediate cause (stating the underlying costs).	AUSED BY- MEDIATE CAUSE (a) Ard DUE TO, OR AS OVE (b) DUE TO, OR AS (c)	A CONSEQUENCE OF			cular Dine.		APPROX MATE BETWEEN ONSET	NIERVAL UND DEATH	
e, writing forwarde b used Es emoval	CERTIFICATION	19a. DATE OF OPERATION		b. CONDITION FOR WE WAS PERFORMED?	IICH OPERATION				20. AUTOPSY	? NO	
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int please execut int, please execut eral director. Pog be retained for y RAL DIRECTOR: Pr pror to buriol,			inel 7/1		, Suicide	CHIEF MEDICAL ASSISTANT MED DEPUTY MEDICAL	de, Undeterm EXAMINER CAL EXAM NER	Inquiry Inquiry Inquired manner (apinian	
the farm 5 moy 10 FUNE Health			23b DATE 4-9-1968		METERY OR CREM	atory etery	23d .OCATION (C ry		chusetts	ate)	
VR A15ME (5)		ward H.Hubbar	d, 4107 Wil		21229		AUL 1 0 400	Q Pris	melan Jaco	ye	

VR A15ME (5) 10M REV, 1/68





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15402 CERTIFICATE OF DEATH 2a DATE OF DEATH First Last 2b. HOUR April E JHOER YEAR IF UNDER 24 HRS 6. AGE (In years last birthday) MONTHS 3 HOURS Female July 20, 1901 White 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED Maryland U.S.A. WIDOWED X DIVORCED T Baltimore 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10 CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (Kind of work done 175 KIND OF BUSINESS OR Shady Nook Nursing Home during most of working life, even if refired) Catonsville 13a USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c, CITY OR TOWN 13d INS/OF CITY LUMITS? 13e STREET AND NUMBER Maryland 136 COUNTY YES 1320 Stevens Ave. Baltimore Arbutus 21227 Middle Last 15 MOTHER'S MAIDEN NAME First Middle William Funk Marv Roeder 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT (If yes give wor or dates of service) Yes, no. or unknown) 215-01-3888 Mrs. Sarah Till, 2023 Annapolis Rd. 21230 APPROXIMATE NTERVAL 1B CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) BETWEEN ONSET AND CEATH PART I, DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 21a ACCIDENT WAS UNDERLYING 215 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) HOUR A.M Month Day Year 216 PLACE OF INJURY 1 AT HOME, FARM, STREET, FACTORY, 1 214, LOCATION Street OF R.F.D. NO. City or Town Caunty State

stating the underlying cause 19a DATE OF OPERATION

1 DECEASED-NAME

3 SEX

(Type or print)

14 FATHER'S NAME

OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examiner) 21d INJURY OCCURRED While Not while at work

1960. to april 21 saw the deceased alive on 21-19 1968, and that in (my) (over) opinion death/occurred on the date and haur and fram the

couses stated above, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE

220. I certify that (I) (this hospital) attended the deceased from

ATTENDING PHYS. 22e. ADDRESS MED DIRECTOR

22c. DATE SIGNED

23a BURIAL, CREMATION, REMOVING PACTY)

22d. PHYS CIAN S

NAME (Type)

23b. DATE 4-29-1968

Dr. Earl

23c NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery

4001 Wilkens Ave 23d LOCATION (City or Town) Baltimore, Maryland Md.

24. FUNERAL DIRECTOR Howard H. Hubbard, 4107 Wilkens Ave.

ADDRESS

21229

REGISTRARS SIGNATURE

VR A15 (III) 30M REV 1/68

director, page 3 shauld should be filed with the TO FUNERAL DIRECTOR:

requires that the death certificate be executed within

by the hospital or attending physician.

O HOSPITAL OR ATTEND Page 4 may be retained

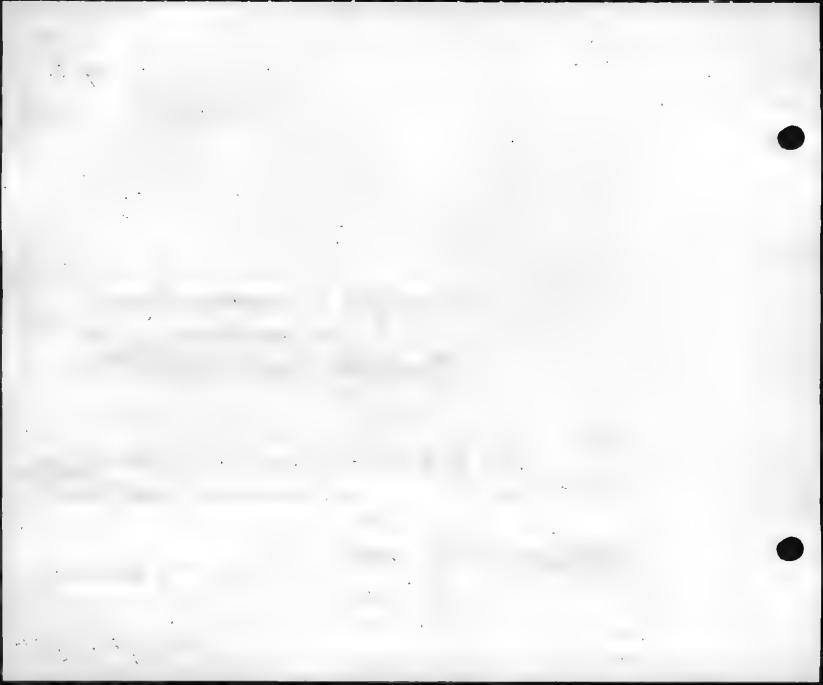
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of for use as the



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH DECEASED NAME 20. DATE KNOWN (Type or Print) OF ESTI-DEATH MATED P.M.3. Page delay is and 3 to 3 SEX 4 RACE MONTHS with the State Depar 9 COUNTY OF DEATH 7a BIRTHPLACE (State or foreign MARRIED NEVER MARRIED Office alang with form WIDOWED [in Item 18. Give Pages II NAME OF HOSPITAL OR INSTITUTION (If not in hespita ID. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR Kind of work dane give street address during mast at retired.) SE INSIDE CITY LIMITS? 13e STREET AND NUMBER 13a USLA. RESIDENCE (Where deceased I ved, if institution Residence before odmissian) STATE 13b. COUNTY land? after 14. FATHER'S NAME Middle Last Middle hours the Chief Medical Examiner's pages within in pencil (Yes not or unknown) 3 6 ī. APPROXIMATE INTERVAL within be executed 18 CAUSE OF DEATH (Enter only one cause per time permit "pending" PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Canditions, if any, which gave rise to immediate cause (a). certificate shauld writing the ward any DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse -3.5 arwarded ta gud PART 2 OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO O 0.5 remayal CERTIFICATION nsed 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 2D. AUTOPSY? WAS PERFORMED? necessary, please execute the certificate, 96 21a EXTERNAL CAUSE WAS 21b T ME OF INJURY Month, Day Year 21-WOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.) 3 shauld MEDICAL PRIMARY OR CONTR BUTING crematian, EXAMINER: CAUSE OF DEATH 21d INJURY OCCURRED 21e, PLACE OF INJURY (At horse, farm, street, 21f LOCAT ON Street at R.F.D. Na. Vaur DIRECTOR: Page NOT WHILE AT WORK ___ AT WORK ___ burial. D 22a 1 certify that I tack charge of the remains described above beta an Autopsy Inspection 1 and in my apinian director. death resulted_fram be retained Natural causes Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL may be re FUNERAL (the funeral DEPUTY MEDICAL EXAMINER Health Charles O'Donnell, M.D. NAME (Type) ADDRESS(Street, city, town or county) ~ 0 23g. BURIAL, CREMATION 23b DATE 23d LOCATION (Gity or Tawn) FUNDRAL DIRECTOR VR A15ME (5) 10M REV 1/68



MADVIAND STATE DEPARTMENT OF HEALTH

10174	KIRMID DIVIE DI	FLARIBIEM OF HE	METTE
IVISION OF VITAL RE	CORDS, 301 W. PRE	STON STREET, BALTIM	ORE, MARYLAND 21201

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ECEA:					

CERTIFICATE OF DEATH

	ECEASED-NAME	First	Middle		Lost		20. DATE OF DE			2b. HOUR				
(Type or print)	abv Girl M	Mary Christ	tine 1	l'avag		4	Month 27 Doy	68 Year	6:04a				
3. 5		4 RACE	iday our ro	CALLO:	S. DATE OF B	BIRTH	6	AGE (In years	IF UNDER 1 YEAR	IF LINDER 24 HRS.				
	Female		Cau			/26/68		O YRS	MONTHS DAYS	HOURS MAIN				
7a.	BIRTHPLACE (State or foreig	n 7b. CITIZEN OF WI	HAT COUNTRY?	8. MARRI	ED NEVER MA	RRIED X	. COUNTY OF DE	ATH						
COU	Maryland	U.S.	Α.	WIDOW		RCED	Ва	ltimore		Me				
0	CITY OR TOWN OF DEATH	11 N	AME OF HOSPITAL OR INS				OCCUPATION (K	nd of work done		OF BUSINESS OR				
	Towson		street oodress) eater Balt						INDUSTRY					
	. USUAL RESIDENCE (Where hission) STATE	deceased lived, if institut	on. Residence before	13c CITY	OR TOWN	13d INSIDE CITY LINE	700 211000	AND NUMBER						
Juli	Mary1	and Ba	Lto	Tow	ison	YES NO	Ext 821	6_Thornt	on Rd.					
14.	FATHER'S NAME First	Middle	Lost		IS MOTHER'S N	IAIDEN NAME Fir	st	Middle		Last				
	Balb:	ino Z.	Tavag			Dia	dema			Simon				
	. WAS DECEASED EVER IN U	.S. ARMED FORCES?	16b SOCIAL SECURITY I	NO.	7. INFORMANT			Address						
	Yes, no, or unknown) (If:	yes give war or dates of service)	None		Dr. Ba	lbino Z	Tavag	8216 T	hornto	n Rd.				
	18. CAUSE OF DEATH (E)	nter only one couse per li	ne for (o), (b), and (c)	1					APPRO	IX MATE INTERVAL I ONSET AND DEATH				
	A - A - A - A - A - A - A - A - A - A -	DEFFECT	DOSE NO DESIGN											
	PART DEATH WAS CAUSED BY: MMMEDIATE CAUSE (0) Respiratory Failure 176 9 DUE TO, OR AS A CONSEQUENCE OF													
	Conditions, if ony, which gove) Hypoyd 2													
	rise to immediate couse (a), (b)													
	lost. (c) Maternal shock													
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART 1(a)													
NOL	190 DATE OF OPERATION	T19b. CONDITION FOR WH	ILL DOEDATION WAS DE	DEODMEN	20o. AUT	2000	JON IE VE	S WEDE SINDINGS (CONCORDED IN CERTIFYING					
2	170 DATE OF GPERATION	170, CONDITION TOK WIT	ICH OFERATION HAD FE	KIOKMED			CAUSES OF	DEATH?	ONSIDERED IN CERTIFYING					
CERTIFICATION	210. ACCIDENT WAS UND	TERLVING CON TIME OF	T IN HEIDY	Los	YES X			Ye						
			Month Doy Year	210	: HOW INJUKT OC	CUKKED (Enter	norure or injury i	Port 1 or Port 2,	119m 18)					
MEDICAL	flf either, notify medical	exominer) P.M.												
2		21e PLACE OF INJURY	(AT HOME FARM, STREET, FAI OFFICE BUILDING, ETC.	TORY.) 21f	f. LOCATION Stre	et or R.F.D. No.	City or	Town	County	Stote				
	While Not white of work								-					
	22a I certify that (I) (this haspital) atta	ended the decease	ed from.	April	<u>26</u> , 19 <u>6</u>	8 , to <u>A</u>	oril 2/19	<u>68</u> , the	at (I) (we) los				
	sow the deced	sed olive on Aprabove, (I) (we) (did)	(did not) view the	hody oft	ono inoi in (n er death	ny) (our) opin	ion death occ	urrea on the ac	ire and nov	r ond from the				
	22b. SIGNATURE	f (in the fall)	(gla liai) view lile	body dir	er acam.			22,	DATE SIGNED					
	ATTENDING - MED - STACE -								/27/68					
	22d. PHYSICIAN'S/	1-1	En Con to for Con marine		22e. AD		CECTOR -	H13. GD	727700					
	NA ASE /Tume/	John E. Ada	ms M D.				Charl	s Street						
22.0	BURIAL, CREMATION,	23b. DATE		CEMETERY	OR CREMATORY		23d LOCATION		(County)	(State)				
230	REMOVAL(Specify) Burlal	4/29/68			lley Cem			sville,	. ,,	, ,				
24	FUNERAL DIRECTOR	*1/43/00	Address		riey celli	2So RECD BY		25b REGISTRAR'S						
	m. Cook-Bro	oles Torreen			220/1	DATE MAY	3 198		wes fo	udge.				
1/1	THE COURSEDIO	DEPTONSON.	TOSO TOTE 1	KU . d	4 I Z U4	LAIF GILL	101	V 1	- 4/	0				

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon po, ers. Bage should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 hours.

VR A15(4) 30M REV. (768



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 16.1 DECEASED-NAME Middle 20 DATE OF DEATH Lost deoth. 2b. HOUR (Type or print) н. 3. SEX 4 RACE DATE OF SIRTH 6. AGE (In years IF UNDER I YEAR lost birthdoy) MONTHS requires that the death certificate be executed within 24 hours 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) physician and completely filled in - S. A. WIDOWED event, within 72 DIVORCED 120 USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12h KIND OF BUSINESS OR during most of working life, even if retired)
Retired INDUSTRY en pleose remove corbon 13g. USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c. CITY OR TOWN Jae STREET AND NUMBER 13d INSIDE CITY LIMITS? odmission) STATE 13b. COUNTY ondinony 14. FATHER'S NAME Middle MOTHER'S MAIDEN NAME First Middle Pauline 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECORITY NO 17. INFORMANT Address Yes, no, or unknown) (If yes give war or dates of service) 705-05-2540 Marie M. Teufel. 5713 Edmondson Ave Mrs. cremation, or removal CAUSE OF DEATH (Enter only one couse per line for (a) (b), and (c)) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: permit. IMMEDIATE CAUSE (o Conditions, if ony, which gove) burial-tronsit rise to immediate couse (o) þ DUE TO, OR AS A CONSCOUR stating the underlying couse P≣II BIS burial NOT/RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH os the prior to b ottending O FUNIRAL BITTCTOR: After this certificate Ton been 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 200 AUTOP CAUSES OF DEATH? for use Health p YES 🔲 Page 4 moy be retained by the hospitol or 210 ACCIDENT WAS JNDERLYING 21b TIME OF INLURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year P.M. (If either, notify medical examiner) be detached with the Stote Dept. 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY) 21F LOCATION Street or R.F.D. No. Stote City or Town (ounty While Not while of work 22a. I certify that (1) (this haspital) oftended the deceased from 1 1100, 19 66, to 28 400, 19 63, that (1) (we) last saw the deceased alive an 1963, and that in (my) (aur) apinion death accurated an the date and haur and from the causes stated abave, (1) (we) (did) (did not) view the bady after death. 226 SIGNATURE 22c_DATE SIGNED ATTENDING PHYS director, page 3 DEGREE DIRECTOR 22d PHYSICIAN'S 22e. ADDRESS 4605 Edmondson Ave., NAME (Type) William Bryson 230 BURIAL, CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) BURTAPESTY) 5-1-1968 Druid Ridge Cemetery Pikesville, Maryland

30M REV 1/68

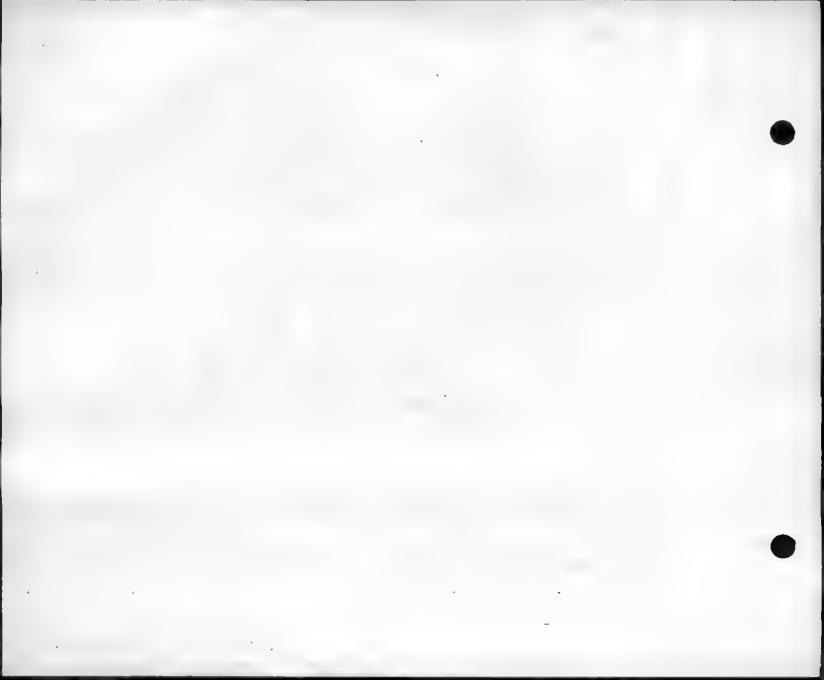
24 FUNERAL DIRECTOR

Howard H. Hubbard, 4107 Wilkens Ave.

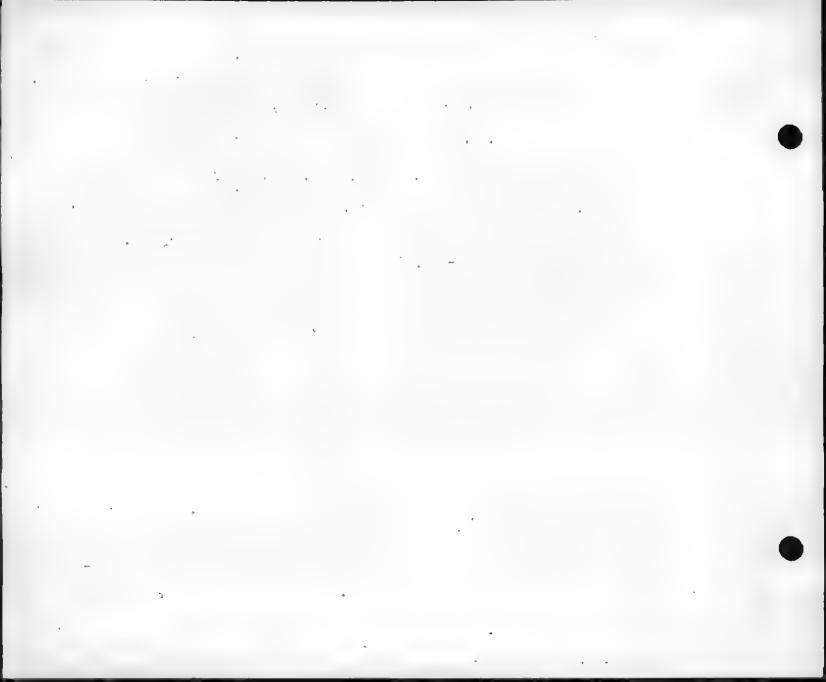
ADDRESS

21229

250 REC'D BY REGISTRAR



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Lost 20. DATE OF DEATH DECEASED-NAME First Middle ofter death. (Type or print) Bertha Month April Teves 3. SEX 4 RACE 5 DATE OF BIRTH 6 AGE (In years IF UNDER I YEAR F JNDER 24 HRS lost birthday) MONTHS May 24, 1877 female white requires that the death certificate be executed within 24 haurs 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 70 BIRTHPLACE (State or foreign MARRIED NEVER MARRIED oan papers. (within 72 ha country) <u>`</u>≘ Baltimore U. S. WIDOWED IK DIVORCED [physician and campletely filled 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospitol 12a SUAL OCCUPATION (Kind of work done 26 KIND OF BUSINESS OR give street address) during mast of working life, even if retired)
housewile INDUSTRY please remove carban Catonsville SPRING GROVE STATE HOSP. 13a USUAL RESIDENCE (Where deceased lived, if institution. Residence before) 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER admission) STATE 13b COUNTY 215 S. Augusta Ave. Balto and in any 14 FATHER'S NAME Lost 15. MOTHER'S MAIDEN NAME First Lost 17 INFORMANS 16g WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no otwnknown) [If yes give war or dates of service] removal Records: SPRING GROVE STATE HOSPI 'AL APPROX MATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) BETWEEN ONSET AND GEATH PART I DEATH WAS CAUSED BY Right carotid artery thrombosis permit. 5 days IMMEDIATE CAUSE (o) crematian, DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p burial, crematic Arteriosclerotic cardivascular disease Conditions, if any, which gove) vears nse to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be retained by the hospital or attending O FUNERAL DIRECTOR: After this certificate has been the 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20c. AUTOPSY? CAUSES OF DEATH? YES 🗔 NO DO detached far use te Dept. of Health 21g. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 ar Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street of R.F.D. No. 21d INJURY OCCURRED 21e PLACE OF INJURY City or Town County Stote OFFICE BUILDING FTC While hot while at work 22a. I certify that (1) (this haspital) attended the deceased from April 17, 1907, to April 231968, that (3) (we) last saw the deceased alive an April 23 19 60 and that in (my) (30) apinian death accurred on the date and haur and from the causes stated above, (* (***) (did) (dia har) view the body after death 22b SIGNATURE 22c DATE SIGNED MED
DIRECTOR YOUR LEAL DEGREE 4-23-68 PHYS PHYS director, page should be filed 22e ADDRESS SPRING GRO E ST TE HOSPITAL 22d PHYSICIAN S NAME (Type) Diomidis Pirovolidis, M.D. Bal timore, Maryland 21228 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) (County) 23a BURIAL, CREMATION 23b. DATE (State) 25b REGISTRAR'S SIGNATURE FUNERAL DIRECTOR 2So REC'D BY REGISTRAR VR A15 (4) 30M REV 1/68



y 1	1	DIVISION OF	***************************************	TE DEPARTMENT OF H PRESTON STREET, BALTIN		
FOR STATE	3.	ELA?		ER'S CERTIFICATE O		. (4)
HEALTH DEPT.		CEASED NAME First	M ddle	Lost	2a DATE KNOWN Ma	anth Day Year 2b HOUR
A 95 5	(rpe ar Print)	Lee	Thomas	OF ESTI- DEATH MATED	4-79 168 23×M
eni	3. 5			AGE (In years IF UNDER 1 YEAR as) birthday) MONTHS DAYS	IF UNDER 24 HRS. 2c DATE PRONOUNCED DEA Month Day,	
Pw d	70		1 ZEN OF WHAT (DUNTRY?	70 YRS 8 MARRIED X NEVER MARRI	4-	79 1968 4 8 M
	caur		U.S.A.	WIDOWED DIVORC		M.d
Srive	10. 0	TY OR TOWN OF DEATH	IF NAME OF HOSPITAL OR	INSTITUTION (If not in hospital	12a USJA, OCCUPATION (Kind of work do	one 12b KIND OF BUSINESS OR
we P		iddle River, Md.	g ve street Address ak	Grove Dr. Balte		Sit Co.
s after death 18. Give Pages 1 18. Give Pages 1 2 with the Strice death.	30	USUAL RESIDENCE (Where deceased li	ved, if institution: Residence before.	1 10	ASIDE CITY LIMITS? 13e STREET AND NUMBER ES NO 3 A. Oak Gr	orra Du
haurs after de Item 18. Give F Office alamg w 1 and 2 with the after death.		THER S NAME FIRST	Balto.			lest
d within 24 haurs after death in pencil in Item 18. Give Pages Examiner's Office along with far File pages land 2 with the State in 72 hours after death.		William	Themas	13 WALLEY S HIGHER	Emma V.	Stayler
thin 24 encil in miner's pages hours	160	AS DECEASED EVER IN U.S. ARMED FORCE			ADDRESS	
with pen xami		s, na, ar unknown) (if yes give war or	213-10-2	790A Christine	Thomas Same	
shauld be executed with we ward "pending" in pertact the Chief Medical Example burial-transit permit. File in any event within 72		18 CAUSE OF DEATH (Enter only on PART I DEATH WAS CAUSED BY	e cause per line for (a), (b) and (01/2 711		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ding ding hedik perm		1412 G IMMEDIATE G	AUSC (a)			
pen pen ief A		Conditions, if ony which gave	DUE TO, OR AS A CONSEQUENCE	UF		
ard e Ch I-tra		rise to immediate couse (a), (stating the underlying cause ((b) DUE TO, OR AS A CONSEQUENCE	OF		
share w a the		last	(c)			
cate mg the same and and		PART 2 OTHER 5 GN FICANT CONDITION	S CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINA. DISE	ASE OR COMDITION GIVEN IN PART 1(a)	
This certificate, writh be farward de used of ar remayal	CERTIFICATION	19a. DATE OF OPERAT ON	196 CONDITION FOR	WH CH OPERATION		20 AUTOPSY?
this of the far	REFE		WAS PERFORME	1		YES NO
In the build be on, or, or, or		21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING	216. TIME OF INJURY Month, Day, Y HOUR A.M	ear 21c. HOW INJURY OCCU	RRED (Enter nature of injury in Part 1 or Part	2, Item 18)
INER: T me certific sallould b files. 3 shauld ration, ar	MEDICAL	CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE	P.M 11 OF N.JRY (At home, form, street	21f, LOCATION Street or I	R FD No City or Town	County State
			affice building, etc)	,	***	
ICAL EXAM tar Page 4 tar yaur CTOR: Page			charge of the remayes descri	bed above, held on Autops	y , Inspection Inquiry	and in my opinion
FCTG bury			atural couses 🗹 , Accide		lamicide 🔲 , Undetermined man	
d d d d d d d d d d d d d d d d d d d		ACTUAL MASS	2112	CHIEF	MEDICAL EXAMINER	
		SIGNATURE	~ arry	-110	ANT MEDICAL EXAMINER 22b (DATE SIGNED / 8
O DEPUTY necessary, p the funeral S may be re O FUNERAL Health prag		EXAMINER'S NAME (Type) Molvin E	Davis MD		SS(Street, city, town, or raunty 680 70	1 / "
TO I nec	230	BURIAL CREMATION, 23b DAT		OF CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)
0	_	REMOVAL (Specify)		wn Cem.	Balto, Md.	
VR A15ME (S)		FUNERAL DIRECTOR	ADI	PRESS 2"	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	AR'S SIGNATURA
10M REV 1/68	I	onard J Ruck Inc	Baltimore,	Maryland D	ATE APR 2 9 1988	0



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 115411 **DECEASED NAME** First Middle Lost 2a. DATE OF DEATH 2b. HOUR remoires that the death certificate be executed within 24 hours after demit the attending physician ond completely filled in by the funeral ssit permit. Then please remove carban papers. Pages I and motion, at removal, and in any event, within 72 hours after degited. (Type or print) ERNEST THOMPSON APRIL 968 SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR 55 birthday) Male Colored 11/26/12 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 7o. BIRTHPLACE (State or foreign 9 COUNTY OF DEATH (Sountry) Maryland DIVORCED | U.S.A. WIDOWED | Baltimore. 10, CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street address) during most of working life, even if retired.) INDUSTRY Fort Howard Veterans Administration Hosp. Burner Steal 13a USUAL RESIDENCE (Where deceased lived, if institution. Residence before 38 STREET AND NUMBER 13c. CITY OR TOWN 3d. INSIDE CITY LINGES? admission) STATE 13b. COUNTY 656 Bartlett Avenue Maryland 14 FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Lost Samuel 1 Thompson Agnes Henson 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, na, ar unknawn) Yes (If yes give wor or dates of service) Clin. Records, VAH, Fort Howard, 218-03-5170 Maryland 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART | DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) BRONCHIOPNEUMONIA CONFLUENT BILATERAL WEEKS cremotion, DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove) PULMONARY ABSCESS, RIGHT UPPER LOBE buriol-tronsit MONTHS nse to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause signed YEARS (c) POST OPERATIVE CARCINOMA OF FLOOR OF MOUTH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) this certificate hos been prior to 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES A NO F 21a ACCIDENT WAS UNDERLYING 215. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Month Day Year (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED AT HOME, FARM, STREET, FACTORY. 21f. LOCATION Street or R.F.O. No. 21a. PLACE OF INJURY County State City or Town While Not while at work 220. I certify that (I) (this hospital) attended the deceased from May 15 , 1967 , to April 20 , 1968 , that (I) (we) last sow the deceased alive, on April 20 1968, and that in (ny) (our) opinion death occurred an the date and hour and from the O FUNERAL DIRECTOR: After causes stated above, (A (we) (gid) And het I new the body ofter death. 22b. SIGNATURE 22c DATE SIGNED ATTENDING STAFF PHYS. DEGREE 4 21 68 director, page should be filed DIRECTOR PHYS

23c. NAME OF CEMETERY OR CREMATORY

Baltimore National Cemetery

VR A15 (4) 30M REV 1/68_ 22d. PHYSICIAN S

23g. BURIAL, CREMATION

24. FUNERAL DIRECTOR

REMOVAL (Specify)
Burial

NAME (Type)

MARIO

236. DATE

MARSHALL JONES FUNERAL HOMERaltimore, Md.

OUTROS

2Sa. REC'D BY REGISTRAR

VAH FORT HOWARD MD

23d. LOCATION (City or Town)

22e. ADDRESS

Baltimore, Maryland

(County)

(Stote)



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. DECEASED NAME 20 DATE KNOWN TE Month Glenn (Type or Print) MARY KIMBERLY TIEPERMAN DEATH MATED 6 AGE (In years 3 SEX 4 RACE 5 DATE OF BIRTH IF LINGER T YEAR F JNOER 24 HRS 2c DATE PRONOUNCED DEAD 20 1968 11:20 Jan.29,1968 Female. White YRS 70 BIR PLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH Maryland WIDOWED | D VORCED U.S.A. Balto 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done hours after death 12b KIND OF BUSINESS OR give street oddress) during most of warking life, even if retired.) Balto. St. Joseph Hospital 130 LSJAL RESIDENCE (Where deceased lived, if institution, Residence before 13c. CITY OR TOWN 3d INSIDE CITY LIMITS? 13e. STREET AND NUMBER Apt. C odmission) STATE 13b. COUNTY land 2 Item] 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Richard Glenn Tieperman Marv poges hours Beverly Rhodes 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. pencil (Yes, no or unknown) Mr Richard G Tienerman None APPROXIMATE INTERVAL IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH forworded to the Chief Medical PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Interstitial pneumonia (SDII) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), This cert ficate should writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause , = PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 5-25 X 190. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION 20 ALTOPSY? WAS PERFORMED? 21o. EXTERNAL CAUSE WAS 21c HOW IN.JRY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY Month, Day Year PRIMARY TOR CONTRIBUTING HOUR A.M. CAUSE OF DEATH 21d INJURY OCCURRED 2.e PLACE OF INJURY (At home, form street, 21f LOCATION Street or R F.D. No. City or Town County State Poge . factory, office building, etc.) WHILE AT WORK AT WORK 220 I certify that I took charge of the remains described above, held an Autopsy xx FUNERAL DIRECTOR: Inspection [Inquiry [ond in my opinion death_resulted from. Natural causes V viv Accident Suicide | Hamicide Undetermined monner CHIEF MEDICAL EXAMINER 22b DATE SIGNED ASSISTANT MEDICAL EXAMINER XX DEPUTY MEDICAL EXAMINER 20, 1968 **EXAMINER'S** 5 may ro FUNE Health NAME (Type ADDRESS(Street, city, town, or county) SON M.D. 123c NAME OF CEMETERY OR CREMATORY 23a BLRIAL, CREMATION 23d LOCAT ON (City or Town) (County) Baltimore. Maryland Moreland Memorial Pk 24. FUNERAL DIRECTOR Leonard J Ruck Inc Baltimore, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH



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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

				EKTIFIC	AIE UF	DEATH				,II.	
	T	irst	Middle		Lost		2a. DATE OF		D	V	2b HOUR
- (Type or print)	ALICE		TO	LSON			April	6, Day	1968	2:30pm
3 51	FEMALE	4 RACE WHITE			S. DATE OF BI	RTH ber 16,	1869	6. AGE (In	years Jay) YRS	FUNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS Min.
	BIRTHPLACE (Stote or foreign ntry) OHIO	U.	WHAT COUNTRY?	WIDOWED		RCED 9.	COUNTY OF BA	DEATH LTIMOE	RE		Md
	CITY OR TOWN OF DEATH TOWSON	gn	NAME OF HOSPITAL OR INS ve street oddress) ST. JOSEP	H_HOSP	ITAL	12a. USUAL (during most	of working	life, even if	retired)	12b. KIND OF INDUSTRY	F Business or
	USUAL RES DENCE (Where del hissim)ARTE,AND	teased lived, if insti	tution Residence before BALTIMORE	13c CITY OR TOWS		AEZ WOLF		LINDI		RRACL 1	# 4
14	FATHER S NAME First	Middle	Lost	15	MOTHER'S MA	AIDEN NAME First	·		Middle		Lost
160	WAS DECEASED EVER IN U.S. Yeshio or unknown) (If yeshio	ARMED FORCES? the war or deles of service) ORE	166 SOCIAL SECURITY N		NFORMANT umily n	ecords		A	Address		
	PART I DEATH WAS CA IMM Conditions, if any, which go rise to immediate cause (i stating the underlying coulost 465 × PART 2 OTHER SIGNIFICANT A dynamic i	DUE TO, O (b) DUE TO, O (c) (c)	Pulmonary i R AS A CONSEQUENCE OF Pulmonary t R AS A CONSEQUENCE OF BUTTING TO DEATH BUT NO Ite ulcerati	'arombo	emboli	sm, mult		N IN PART 1(0)		
CERTIFICATION	190 DATE OF OPERATION	95 CONDITION FOR 1	WHICH OPERATION WAS PER	RFORMED	20a. AUTO			YES, WERE F OF DEATH?	INDINGS (C	ONSIDERED IN C	ERTIFYING
MEDICAL CES	210 ACCIDENT WAS UNDER ☐ OR CONTRIBUTING ☐ CAUSE OF (If either, natify medical ex-	DEATH HOUR A.F	VI. 19			URRED (Enter no	oture of injur	y in Part 1 c	or Port 2, I	tem 18.)	
M	at work of work		Y (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC					ar Town	,	County	State
	220. I certify that (1) sow the decease causes stated to	Falive on ADT	ttended the deceose il 6 III d) (d'e not) view the l	9.68 . oni	that in (m	, 19 <u>68</u> y) (≥⊄K) opinio	, to <u>A</u> on death a	pril C	n the da	<u>68</u> , that te and hour	ond from the
	22b SIGNATURE	Viul	MIT	> DEGR	1 241 3	☐ DIRE	CTOR 🗆	STAFF PHYS		ril 6,	1968
	22d PHYSICIAN'S NAME (Type) Rown	aldo Urju	uela-Jomez,	1D.	762	O York R	Road,	Towsor	n 4, 1	harylar	nd
Be	REMOVAY (Specify)	April8, 19	23c. NAME OF O			ank		ON (City or To		(County)	(State)
24	FONERAL DIRECTOR	Sono:	Toward !	and.		2So. RECD BY R	1 0 1	1968	JOLE	SIGNATURE S	udgla

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely killed in five further of a director, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pagest and 2 should be filed with the State Dept. of Health prior to burial, crematian, ar removal, and in any event, within 72 hours after death. 30M REV 1/68-

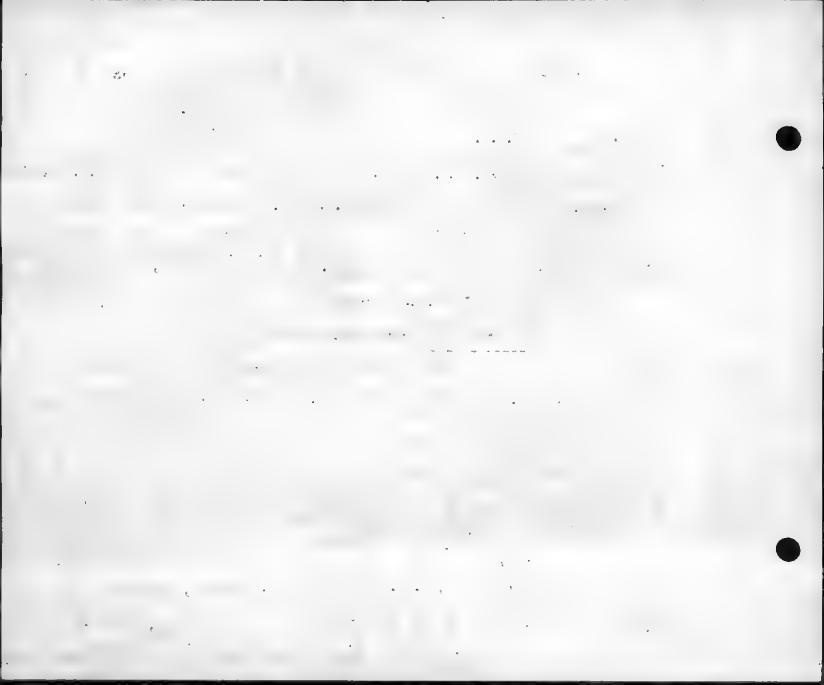
re-other death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hou

Page 4 may be retained by the hospital or attending physician.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 05413 DECEASED NAME First Middle 2o. DATE OF DEATH Last 2b. HOUR requires that the death certificate be executed within 24 haurs after death TEN. (Type or print) TRUITT JOSEPH FRANK Trut) physician and campletely filled in by the funera en please remove carban papers. Pages Laza 5. DATE OF BIRTH 1/7/93 3. SEX 4. RACE IF UNDER 1 YEAR 6. AGE (In years last birthday) WHITE MALE YRS. 70 BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY MARYLAND BALTIMORE COUNTY U.S.A. DIVORCED [WIDOWED [11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12a USUA, OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street address) during most of working life, even if retired.) FORT HOWARD U.S. GOVERNME 13c CITY OR TOWN 130 USUAL RESIDENCE (Where deceased lived, if institution Residence before 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY YES 🕌 BALTIMORE 1706 Crystal Avenue IS. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Middle Last Lost Truitt Antoinette Small Joseph 17 INFORMANMITS WM. F. Kammersen: 4120 Parkside 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO (If yes give wo or dates of service) Yes as or unknown) 216 16 31 28 CLIN.RECORDS, VA HOSPITAL, FT HOWARD, MD. signed by the attending physi burial-transit permit. Then pl burial, crematian, ar remaval, 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) ACUTE PULMONARY EDEMA 18 HOURS DUE TO, OR AS A CONSEQUENCE OF (b) ARTERIOSCLEROTIC HEART DISEASE Conditions, if any, which gave rise to immediate cause (a), DUE-TO:-OR AS-A-CONSEQUENCE-OF -stating the underlying couse (c) CARCINOMA OF COLON AND DUODENAL BULB PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CHRONIC BRAIN SYNDROME. OLD FULMONARY TUBERCULOSIS has been as the DIABETES MELLITUS. 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 190. DATE OF OPERATION CAUSES OF DEATH? YES T NO [O FUNERAL DIRECTOR: After this certificate 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) 21d INJURY OCCURRED While Not while of work 21e. PLACE OF INJURY (AT HOME FARM, STREET FACTORY) 21f. LOCATION Street or R.F.D. No City or Town County Stote 220. I certify that (1) (this hospital) attended the deceased from 2/6/68 sow the deceased alive on 19, and that in (2) ond that in (ANS (our) opinion death occurred on the date and hour and from the director, page 3 should should be filed with the couses stoted oboyer (It (we) (did) (did stot) view the body ofter deoth. 22c DATE SIGNED 4/16/68 22b. SIGNATURE **ATTENDING** MED DIRECTOR STAFF PHYS DEGREE PHYS 22d. PHYSICIAN'S 22e ADDRESS RODOLFO MIRO, M. D. NAME (Type) VAH FORT HOWARD, MARYLAND 23b, DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (State) 23a BURIAL, CREMATION, (County) BALTIMORE, MARYLAND BALTIMORE NATIONAL April 19. 24 FUNERAL DIRECTOR VR A15 (4) 30M REV 1/68 & RECATISAY DALATTMORE MD



IO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 25M 1/67

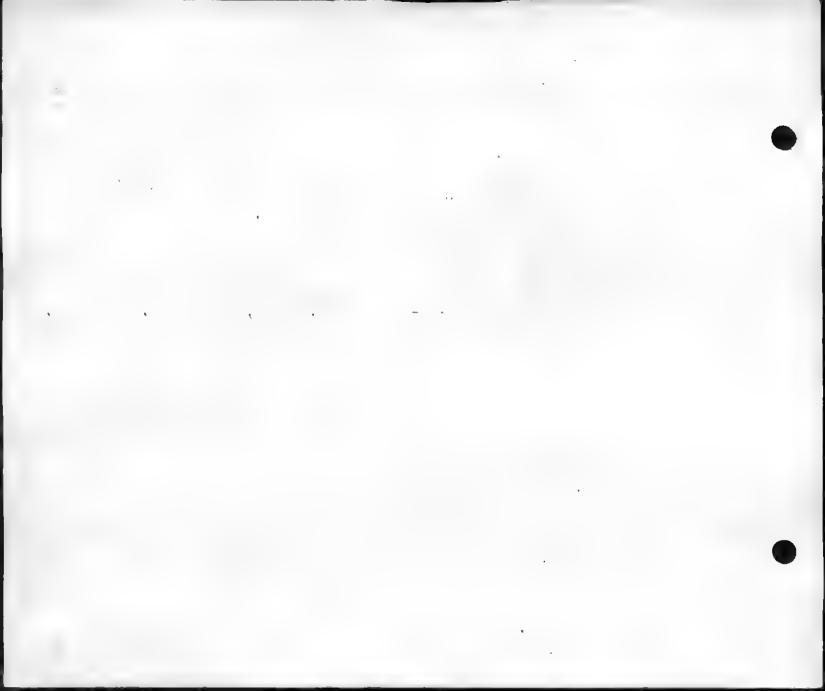
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the butial-transit permit. Then please remave carban papers, pages 1 and should be filed with the State Dept. at Health priar to burial, crematian, or remayal, and in any event, within 72 hours after death

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

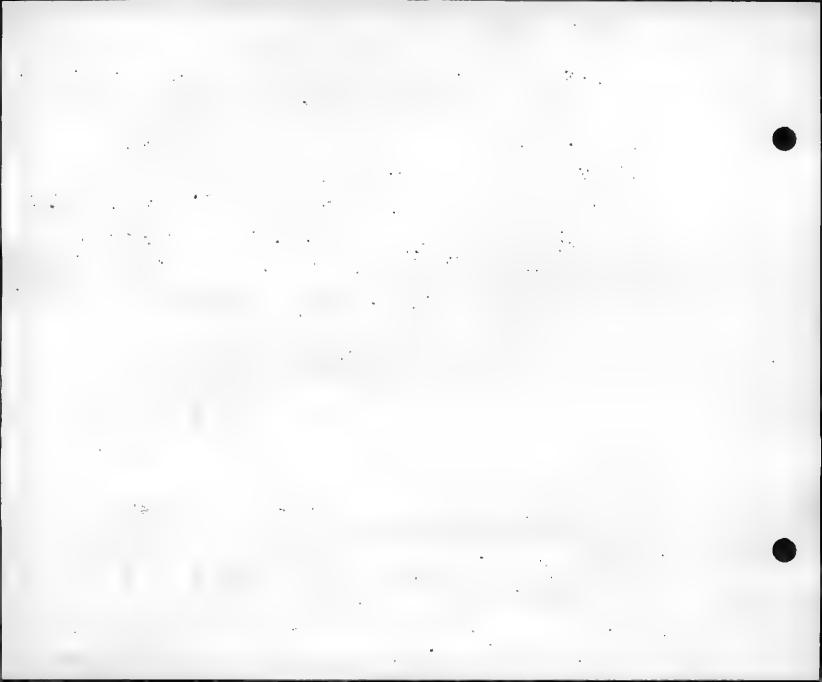
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	PLACE OF DEATH					2 USUAL RESIDENCE (V	Where deceased lived, if institu	ution Residence	before admission)
	o. COUNTY	Baltimore		MAD	YLAND	o STATE Manual	b. (0)		dime and
\vdash	b CITY OR TOWN (I	f outside corporate limit:	5.	C. LENGTH OF STAY		CITY OR TOWN (IF S	tside corporate limits, write R	UQAL ond give	negrest town)
	write RURAL and	L give neorest town)				7		Dittile over gree	,,,,
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-		Park Avenu					ark Avenue		YES NO 🔼
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	(Type or pnnt)	Elme		<i>R</i> .		icker		il 16,	1968
5.	SEX	6 COLOR OR RACE	7 MARRIED			8 DATE OF BIRTH	9 AGE (In years lookirthday)	Months 1	YEAR IF UNDER 24 HRS Doys Hours Min
1	gle	White	WIDOWED	DIVORCE	D []	November 1,	VIS YES		
100	USUAL OCCUPATION	(Give kind of work done		ND OF BUSINESS OR		As a s	& State, or foreign country)		ZEN OF WHAT
AV	ng most of working	retired.	Bui	laing Tra	de	Maryland		1,57	SA
13.	FATHER'S NAME					14. MOTHER'S MAIDEN I			
	Jacob Ru	th Tucker				Sarah	Elizabeth Pe	regory	
15.	WAS DECEASED EVE	R IN U.S. ARMED FORCES?	, 16. 9	OCIAL SECURITY NO.	17	INFORMANT	Add	ress	
(18	or unknown)	(If yes give wor or dotes o	service) 2/	6-20-7334	Mir	ra S. Tucker	Elizabeth Pe Add 544 Park Ave	2. Tows	on. M.
		ATH (Enter only one cou H WAS CAUSED BY IMMEDIATE CAUSE	(o)	(0) (0), and (c).)	y \	Thrombos	is.		INTERVAL BÉTWEEN ONSET AND DEATH
	Conditions, if ony,	hubich gove >		(157	7	Poraria			
	rise to immediate	e cause (o), ((b)	COOL	240 -	Jecon			
	stating the under	TYING COUSE							
			(c)	O DEATH BUT NOT BE	LATED TO	THE TERMINAL DISCASS CO.	IDITION CHICA IN DART 1/-)		19 WAS AUTOPSY
ATION	PART IT OTHER SH	SNIFICANT CONDITIONS C	UNIKIBUTING 1	O DEATH BUT NOT RE	LAIED TO	THE TERMINAL DISEASE LON	IDITION GIVEN IN PART 1(0)		PERFORMED?
L CERTIFICATION	200 ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	☐ CAUSE OF DEATH	20b DES	SCRIBE HOW INJURY O	CCURRED	(Enter noture of injury in I	Port f or Port II of Item 18)		
MED CAL	20c TIME OF INJU Hour on ph	IRY Month, Day, Year n. 19	20d. IN While at work	JURY OCCURRED Not While of work		CE OF INJURY (Horne, form ory, street, office bldg, etc.)		(Coun	nty) (State)
	21. I certif	y that (I) (th is hos	pital) attend	led the deceased	from		960 to april	16, 196.	, that (I) (we) last
	saw the de	ceased alive an	wil	16/1968,	and tha	leath accurred at	30PM, from causes	and an the	date stated above.
	220 SIGNATURES	Laurence	00	Posto	M.I	ATTENDING PHYS	MED STAFF DIRECTOR PHYS E	22b DAT	E SIGNED / 68
	22c PHYSICIAN'S NAME (Type)	LAURE		C. Post		22d ADDRESS 6805 U	orke Rd Ba	things	21212 Md
230	BURIAL, CREMATIC		REOF	23c. NAME OF CEM	ETERY OR	CREMATORY (23d. LOCATION (City or T	own) (1	County) (Stote)
	Burial (Specify)	Annl. 19	7.1968	Baltimore	Come	eteru	0 1	Marulan	d
24	. FUNERAL DIRECTO		7-1-/-	ADDRESS	-C-2/15	2So RECD			NATURE
	John Burn	us' Sons, To	owson,	Maryland		APR	1 9 1968 /	MONEY	Judge

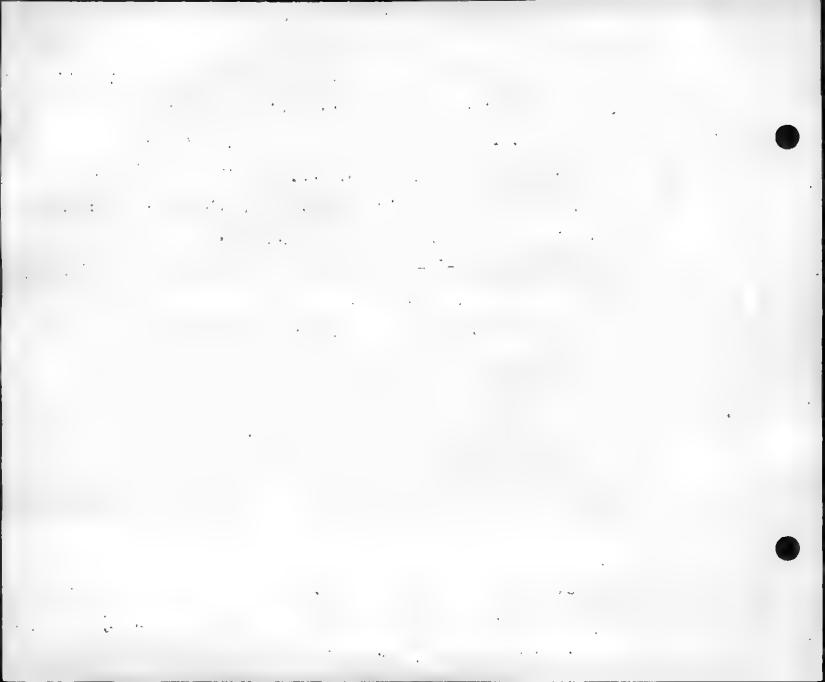


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME First Middle 2a, DATE OF DEATH 2b HOUR requires that the death certificate be executed within 24 hours after death. (Type or print) 3 SEX 4. RACE IF UNDER 1 YEAR 6. AGE (In years lost birthdoy) MONTHS DAYS HOURS AUCASIAN MALE burial, cremation, ar remaval, and in any event, within 72 haurs 7o. BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED NEVER MARRIED country) and campletely filled in WIDOWED DIVORCED BALTONMO 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospitol 12b. KIND OF BUSINESS OF PAINTER give street address) during mast of working life even if retired) the attending physician and campletely t sit permit. Then please remave carban 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER admission) STATE IS MOTHER'S MAIDEN NAME First 14 FATHER'S NAME First Middle Lost Middle VASOLD 160 WAS DECEASED EVER IN U.S. ARMED FORCES? RAILROAD RET Yes, no, or unknown) (If yes give war ar dates of service) 3211 FLEET ST. MISS MADELINE A-30916 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Canditians, if any, which gave) rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the chauld he filed with the State Dept. of Health priar to 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [7] NO 🔃 Page 4 may be retained by the hospital ar 21a. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f LOCATION Street or R.F.D. No. City or Town County State While Not while at work 22a. I certify that (I) (this haspital) ottended the deceased fram 4 - 2 19 68, to 4 - 25 19 68, that (I) (we) last saw the deceased alive an 4 - 25 19 68 and that in (my) (aur) apinion death accurred on the date and haur and fram the couses stoted above, (I) (we) (did) (did not) view the bady ofter death. 22b SIGNATURE 22c. DATE SIGNED J. A. DECASTRO DEGREE PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL, CREMATION, 23b. DATE 7401 GERMAN HIL SACRED HEART CEM. 250. REC D BY REGISTRAR DAMPR 2 6 15 901 S, CONKLING ST. VR A15 (4) 1968 BALTO, 21224

MARYLAND STATE DEPARTMENT OF HEALTH



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事一章	3 SEX		4 RACE		5 D	ATE OF BIRTH		6 AGE (In	years I		UNDER 24 HRS
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requires that the death certificate be executed within 24 hours after a physician is signed by the attending physician and completely filled in by the te burial-transit permit. Then please remove corbon popers. Pages to burial, cremotion, or removal, and in any event, within 72 hours after	Randa	llstown	give street	Balt	o. Co.	Gen.	TOUSE	working life, even if	retired.)	OWN H	ome
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exe o pd c	14. FATHER'S NA	ME First	Middle	Last	15. MO	THÉR S MA DEN	NAME First		Middle		Lest
be ■ an		Joseph		Padboy			ertru	de	T	cimozi	С
cate sicra sicra sicra aleo,	160. WAS DECEA	SED EVER IN U.S. ARME Moreown) (If yes give war	D FORCES? 16b.	SOCIAL SECURITY NO). 17. INFOR	MANT			ddress		
shys	1 65, 110, 01 1		41	7-04-62	97JEal	timore	<u>Coun</u>	ty Gener	al H	ospita	
that the death certificate be exan an by the attending physicial and transit permit. Then please rem cremotion, or removol, and in an	18. CAUSE	OF DEATH (Enter only	ane cause per line for	(a), (b) and (c).)						APPROX MAT BETWEEN ONSE	E INTERVAL T ANO DEATH
ne death attendii permit. ion, or re	PART	I DEATH WAS CAUSED IMMEDIATE	BY. E CAUSE (o)	4 EUM	CN1/+						
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A may be retained by the hospital or attending physician IERAL DIRECTOR: After this certificate has been signed by or, page 3 should be detached for use as the burial-traid be filed with the State Dept. of Health prior to burial, cre	190 DATE (OF OPERATION 196. CO	ONDITION FOR WHICH O	PERATION WAS PERF	ORMED 2	YES	NO 🔯	206 IF YES, WERE F CAUSES OF DEATH?	INDINGS CON	ISIDERED IN CERT	TFYING
or after or use of the		ENT WAS UNDERLYING			21c HOW IN	JURY OCCURRE	D (Enter natu	re of injury in Part 1 c	or Part 2, Ite	m 18.)	
Para la	a (If either,	BUTING CAUSE OF DEATH notify medical examine	r) P.M.	onth Day Year 19							
HYSI hosp the	₹ 21d 1NJUI	RY OCCURRED 218 P	LACE OF INJURY (AT HO	OME, FARM, STREET, FACTO	RY.) 21f LOCATIO	ON Street or R	R FD. Na.	City or Tawn		County	State
this this De	at wark	at work	1/64/46	POCKOE							
by the hospii frer this certi be detached State Dept. of	22a. l c	ertify that (1) (this the deceased ali uses stated above,	haspitol) ottende	d the deceosed	from 4	3	. کی مے 19 ر	, to dr - 7	, 19	Se, that (1) (we) los
END ed led led led led led led led led led l	NDS	the deceased ali ses stated obove,	ve an ser	7 19	and the	ot in (my) (o	ur) opinion	deoth occurred a	n the dote	ond hour or	id from the
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TO HOSPITAL OR ATTENDING Page 4 may be retained by 1 TO FUNERAL DIRECTOR: After director, page 3 should be should be filed with the State	NAM	(Type) UCSC	(F (L	ARED.	0	BAL		CUNT9		1. HE	حر لا
HOUSE DE PORTE DE POR	230 BURIA., (R REMOVAL)	EMATION, 23b. DA	-10-68	23c. NAME OF CE				LOCATION (City or To			(State)
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VR A15 (4) 30M REV, 1/68	24. FUNERAL DI	s Diecro-8'	75 Citis	Ty Jego, La	(to)11/	DAT DAT	REC'D BY REC	I ISEB	GISTRAR'S SI	MAN CLEA	Sagra.
WHITE IS 17 17 10	and the	Pildud Al	5-5-6-6-6	37066115	177	DAT	t				7
	cong,	1 illettid tol	in species /2	KRENE, I	he she -						



			.)	DIVISION OF	VITAL RECORDS,	, 301 W. PR Certific			IMORE	, MARYLAN	D 21201		J	ő
	(1	CEASED-NAME ype or print)	First Mae	(Marie)	Middle ₹.		Via Via			April	1		7	b. HOUR
	3. SE	X Fema	le	4. RACE W1	nite		5 DATE OF BI 2-17	RTH -1900		6. AGI lost	(In years birthday) 68 YR	MONTHS (AR F JN HAYS HOU	IOER 24 HRS.
	10. C	Maryla ny or lown of be Towson	nd ATH	give	A. AME OF HOSPITAL OR IN street address St. Jose	WIDOWED [ISTRUTION (If no ph Hesp	in hospital	CED 12a USU	AL OCCUI	Baltin Pallon (Kind of Pang life, ev	Ore	e 12b, KIN) INDUSTR	D OF BUSIN	Md IESS OR
		USJAL RES DENCE (Nossion) STATE Maryla		sed lived, if institut 13b COUNTY .	ion Res dence before	Balti		YES N		130 STREET AND $1907 E_{\bullet}$		Stree	t	
4	14. F	ATHER S NAME	First ames	Middle	Mount	IS	MOTHER S MA	Mary			Middle	Helf	rich	st
		es, net of unknown)		MED FORCES? war at dates of service)	166. SOCIAL SECURITY 213-01-89		formant • Dori	s V. 1	Muhl;	y, 5427	Address Purd		. #1:	
		PART I. DEATH / / (+) Canditions, if any, nse to immed ate stating the under	WAS CAUSE IMMEDI (which gave couse (o), lying cause	D BY- ATE CAUSE (o) DUE TO, OR (b) DUE TO, OR (c)	Carcinoma AS A CONSEQUENCE OF Metastat AS A CONSEQUENCE OF Complete TING TO DEATH BUT N	ic to m	edia≇t tasis	inal ;right			RT 1(a)	0.0	TEN ONSET A	V OLAN
/	CERTIFICATION	19a DATE OF OPERA			IICH OPERATION WAS P		20a AUTO	NO [J	206 IF YES, W CAUSES OF DE	ATH?		IN CERTIFY	ING
	MEDICAL CE	2 a ACCIDENT WA OR CONTRIBUTING (If either, notify m 21d INJURY OCCUI While Nat wh: of work at work	CAUSE OF DEA edical exam RRED 21e	HOUR A.M. iner) P.M.	Month Day Year	9				of injury in Pa		2, Item 18.) County		State
		22a. I certify to	hat 🛵 (th	olive an	ended the decease 4/13/ (dudnot) view the	19 <u>68</u> , and body ofter d	thot in (45) eoth.	y) (our) op	68 , 1 Inion d	eoth occurr	d on the	19 <u>68</u> , 1 date and he 2c. DATE SIGNE 4-14	our ond	(we) last from the
1		22d. PHYSICIAN-S NAME (Type)	Samu	el Lee.	M. D.	DEGRI	E PHYS. 22e. ADD	RESS 1	DIRECTOR	Rd.,)4

23c NAME OF CEMETERY OR CREMATORY

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the foneral director, page 3 shauld be detached for use as the burial transit permit. Then please remove carban pagers. Pages 1 and 2 should be filed with the State Dept. at Health priar to burial, crematian, or remaval, and in any event, within 72 hours after death. VR A15

230. BURIAL, CREMATION, REMOVAL (Spaciny) REMOVAL (PAY)

14/17/68. Holy Redeemer

ADDRESS
Leonard J. Ruck, Inc. Balto .Md. 21214

23b. DATE

23d LOCATION (City or Town) (Co emetery PR 1 5 1968

(State)

(County)



WINE CTORC	rerotte cardiovas e	ular	Ht. Dis.	with Pe	rt Bundle	Branch
190 DATE OF OPERATION	19h. CONDITION FOR WHICH OPERATION WAS PERF	ORMED	20a AUTOPSY?	20b. IF YE	S, WERE FINDINGS CONSID	ERED IN CERTIFYING
			YES NO	CAUSES O	DEATH?	
210 ACCIDENT WAS UNDE	2131 1-11-0 0 117-0 0	21c HOW	INJURY OCCURRED (1	Enter noture of injury i	n Port 1 or Port 2, Item	18.)
OR CONTRIBUTING CAUSE O						
(If either, notify medical e						
	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTO	DRY 21F LOCA	TION Street or R F.D.	No. City or	Town (or	unity Stote
Whe Not while	OFFICE BUILDING, ETC.	1				
at work ot work						
22a. certify that ()	(this haspital) attended the deceased dive an April 21	fram 3/	16/68 , 1	9, ta <u>AP</u>	<u>ril 21, 19 68</u>	, that 🙉 (we) la:
saw the decease	ed alive an April 21 19	OO, and	hat in (my) (aur)	opinion death acc	urred on the date of	nd haur and from th
causes stated a	bave. (1) (see) (did) (did not) view the b	odv after de	ath.	,		
causes stated a	bave, (I) (see) (did) (did not) view the be	ody after de	ath.			

22b. SIGNATURE 22c DATE SIGNED **ATTENDING** MED DIRECTOR STAFF PHYS 4-22-68 DEGREE PHYS.

(County)

22d. PHYSICIAN'S NAME (Type) 22e. ADDRESS Spring Grove State Hospital Young M.D. NAME OF CEMETERY OR CREMATORY 23d LOCATION CHY OF 230 BUR AL, CREMATION

24 FILINERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE 250 REC'D BY REGISTRAR DATE - BOD.

VR A15 (4) 30M REV 1/68

director, page 3 shauld be filed v

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with,n 24 hours after death

the hospital or attending physician.

O FUNERAL DIRECTOR: After this certificate has been

Page 4 may be retained by

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signed by the attending physician and completely filled in by the bund-transit permit. Then please remave carban papers

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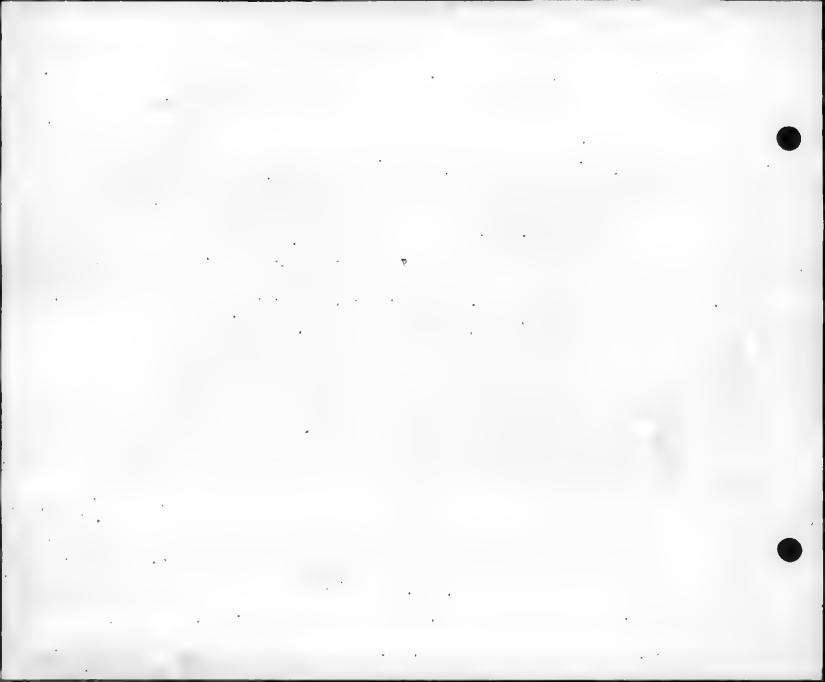
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		C	ERTIFICATE OF	DEATH		354	1.9
1. DECEASED-NAME (Type or print)	First Jeannette	Middle O.	Lost Votta	20.	DATE OF DEATH Apri Month	14° 1968	2b. HOUR 3:10p N
3 SEX Female	4. RACE	ite		RTH 1923	6. AGE (In)	VOOTS IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS M N
70 BIRTHPLACE (Stote o country) Brookl		WHAT COUNTRY?	8 MARRIED NEVER MAR WIDOWED DIVOR	KIED	NTY OF DEATH Baltimore		W
10. CITY OR TOWN OF D Baltimore	ATH 11	NAME OF HOSPITAL OR INS	Hospital		JPATION (Kind of wowerking life, even if a		BUSINESS OR
130 USUAL RESIDENCE (odmission) STATE M.3.	Where deceosed lived, if instruction of the country land 13b (OUNT)	rution flesidence before Timonium	13c CITY OR TOWN	YES NO NO	13e STREET AND NU 28 Edgen	MBER noor Road	
14 FATHER'S NAME	first Middle aurence Oppei	nheim lost	15. MOTHER 5 MA	Gec Howl	and '	Middle	Lost
Yes, TEN ET UNKNOWN)	R IN U.S. ARMED FORCES? (if yes give war or dates at service)	16b. SOCIAL SECURITY N 217 12 7	0. 17. INFORMANT 173 Larence	. G. Motta,	28 Edgem	ddress coore Rd.210	93
PART I DEATI Gonditions, if ony, rise to immediate stoting the under last	which gove (b)	Bilateral of Amyotrophic R AS A CONSEQUENCE OF	confluent bro	lerosis		BETWEEN	MATE INTERVA.
NO DATE OF OPERA	TION 196 CONDITION FOR	WHICH OPERATION WAS PER	FORMED 200 AUTO YES 2	PSY?	206 IF YES, WERE FI CAUSES OF DEATH?	INDINGS CONSIDERED IN C	ERTIFYING
210 ACCIDENT WA	CAUSE OF DEATH HOUR A.I HERED 21e. PLACE OF INJUR	M. 19	ORY.) 21F LOCATION Stree		City or Town	County	Stote
22a. I certify	that (I) (this haspital) deceased alive an 4:- ated abave, (I) (we) (di	ttended the decease -14	d from 4-7- 7 68, and that in (mady after death.	, 19 <u>68,</u> y) (aur) apınian	ta <u>4–14</u> death accurred a	, 19 <u>_68</u> _, that n the date and hour	(I) (we) la: and fram th
22b. SIGNATURE 22d PHYSICIAN'S	Jenn On	noal	DEGREE ATTENDIN	DIRECTO	R STAFF C	22c. DATE SIGNED 4-15-6	8
NAME (Type) 230 BUR AL, CREMATION	Lawrence Mi		7620 EMETERY OR CREMATORY yValley	York Roa		ore, Maryla (County)	nd 2120 (Stote)
REPOWNUS SANDLY) 24 FUNERAL DIRECTOR WILL, Cook		VUUDECC		250 REC'D BY REGI		GISTRAR'S SIGNATURE	



35118

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

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uneral 1 ond 2 er death.	(1		AR IA N	Middle XXXX Haves	WALGE		2a. DATE OF	Menth 29	68	10:P
affer –	3 28		4 RAC	E		S. DATE OF BIRTH		6. AGE (In years	MDNTHS DAYS	HOURS MIN
# 80 ST	L	FEMALE		AUCASION		2/12/95		last birthgay) YRS.	MONTHS DATA	HOURS MIN
<u> </u>	7о, соы	SIRTHPLACE (State or for	eign 7b. GTiZ	EN OF WHAT COUNTRY?		NEVER MARRIED	9. COUNTY OF			
led in by the appears Pegg	L	VIRGINIA		SA	WIDOWD			TIMORE		Md
ily fille son pa within		ITY OR TOWN OF DEATH BALTIMORE		11 NAME OF HOSPITA	i OR INSTITUTION (If なエ. グェスタ	D. CENT during	SUAL OCCUPATION most of working	(Kind of work done life, even 'f retired')	12b. KIND OF I INDUSTRY	SUSINESS OR
or bc	_			of institution. Residence				REET AND NUMBER		
omplete ove corb r event,	odm	ssion) STATMARY	LAND 13b (OUNTY	/			3206 PAR	KSIDE 1	DRIVE
cian and co	14, 1	ATHER'S NAME Fire		Middle		IS. MOTHER'S MAIDEN NAME		Middle		lost
n all se r		WILLI			OSTEN	B EUL AF	INEZ	HAXS	Hayes	
ysicia pleo al, on	16o.	WAS DECEASED EVER IN es, no, or unknown)	U.S. ARMED FORCE (If yes give war or dates of		CURITY NO. $17.05-2308$	PATIENT	S CHA	Address RT		
on by the attending physician and completely filled in by the transit permit. Then please remove carbon papers—Peges cremation, or removal, and in any event, within //2 bours affe			AS CAUSED BY	use per line for (a), (b),	and (c))	o-Respira	Theres	Sachen		AYE INTERVAL ISET AND DEATH
rtten n, or			IMMEDIATE CAUSE	TO, OR AS A CONSEQUE	N/E OE	0		/		
atio		Canditions, if any, whi		10, OK AS A CONSEQUE	e	A 7 6	ervio	<		
		rise to immediate co stating the underlyin		TO, OR AS A CONSEQUE						
hysicion igned by uriol-tron uriol, crer		lost.	(tabse	(c)						
physic signec buriol buriol		PART 2 OTHER SIGNIF	CANT CONDITIONS	ONTRIBUTING TO DEATH	BUT NOT RELATED	TO THE TERMINAL DISEASE O	RECONDITION GIVE	N IN PART I(o)		
been s the t ior to t	~	1 1								
te o d	CERTIFICATION	190. DATE OF OPERATION	1 1%. CONDITION	FOR WHICH OPERATION	WAS PERFORMED	20a AUTOPSY? YES NO	CALISES	YES, WERE FINDINGS (OF DEATH?	ONSIDERED IN CE	RTIFYING
E e si		210 ACCIDENT WAS U	NDERLYING 216	TIME OF INJURY	21c	IOW INJURY OCCURRED (En	- pro	ry in Port 1 or Port 2,	Item 18)	
信仰当ち	MEDICAL	OR CONTRIBUTING CA		UR A.M. Manth Day P.M.	Year 19					
e h his etac Dep		21d. MaiJRY OCCURRED While Not while at work	21e. PLACE OF	INJURY (AT HOME, FARM, S OFFICE BUILDING,	TREET, FACTORY,) 21f.	OCATION Street or R.F.D.	No. City	or Town	County	Stote
After I After I I be de Stote		22a, I certify that	(I) (this hospi	tol) attended the d	eceased fram_	4.27, 19	/ K_, to	Le. 29 , 19	TX, that	(I) (we) las
		sow the dece causes state	osed olive on a dabove, (1) (w	9 30 PN 4 e) (did) (did nat) vye	ر کے 19 کے جراب مالیوں wrthe body after	d that in (my) (our) o death.	pinion deoth o	occurred on the do	ote ond hour o	ind from the
be retoined DIRECTOR: 3e 3 should led with the		22L CICMATURE	ahr	Bassi		REE PHYS.	MED DIRECTOR		DATE SIGNED	18
		22d. PHYSICIAN'S NAME (Type)	Rahis	in Bass		22e. ADDRESS	DIRECTOR	71102.		<u></u>
A PER A	3	DUD AL COEMATION	I got pure			COLUMN TO DAY	LADA JOSEFIC	7 L		
Poge 4 may O FUNERAL director, po should be fi	230	BUR AL, CREMATION, REMOVAL (Specify) Burial	23b DATE 5/3/	68 Z3C NA	ME OF CEMETERY O		1	ON (City or Town) Itimore, I	(County) VI d	(State)
- 0	24.	FUNERAL DIRECTOR	1 0101		DDRESS		BY REGISTRAR	25b. REGISTRAR S		
VR A15 (4) 30M REV, 1/68	W	m. Cook-	Brooks '	Wes t I nc B	alt. Md.		MAY 6	1968	limites	udge

O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours of



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Lost 20. DATE OF DEATH 25 HOUR Month O (Type or print) April r ugene Donald Ward 3. SEX S. DATE OF BIRTH 4 RACE 6 AGE (In years IF UNDER I YEAR lost birthdoy) MONTHS OAYS 8-25-29 White Male 70 BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED ANEVER MARRIED country) U.S.A. WIDOWED [DIVORCED | Baltimora Baltimore IO. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY
GasStation expendent Station Owner give street address) St. Joseph Hospital (Baltimore) Towson 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before) 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b COUNTY YES TO 4831 Truesdale Avenue Baltimore 14. FATHER S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost Eugene Ward Nellie Pangle 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Yes, ea osunknown) 214-24-8906 (Ryes gave was acidates of service) Nancy Ward Same APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN DISET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Ruptured anterior communicating artery aneurysm-stress ulcer DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove to rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🔲 NO K 210. ACCIDENT WAS UNDERLYING 215. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 181) OR CONTRIBUTING CAUSE OF GEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. 21d INJURY OCCURRED Stote

216. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21F. LOCATION Street or R.F.D. No. County Cty or Town While Not while of work 4-9-68, 19. 19_68, to

22a. I certify that (1) (this haspital) attended the deceased from saw the deceased alive an. 19 _____, and saw the deceased alive an... couses stated above, (1) (we) (did) (did not) view the body after death.

ATTENDING PHYS

22e. ADDRESS

MED. DIRECTOR

STAFF PHYS.

and that in (104) (aur) apinian death accurred an the date and haur and from the

22 DATE SIGNED 4/9/68

22d. PHYSICIAN'S NAM€(Type) 230 BURIAL, CREMATION

BENOVALAST ectry)

22b SIGNATURE

23b. DATE 4/I 3/68

23c NAME OF CEMETERY OR CREMATORY Moreland Mem. Pk.

23d. LOCAT ON (City or Town) Balto. Md.

7620 York Rd., Towson, Md.

(County) (Store)

24 FUNERAL DIRECTOR

ADDRESS Leonard J. Ruck Inc. Balto. Md.

Juan Gan, M.C.

2So REC'D BY REGISTRAR

2Sb REGISTRAR S SIGNATURE

VR A15 (4) 30M REV. 1/68

director, page shauld be filed

requires that the death certificate be executed within 24 Nours

physician and campletely filled en please remove carbon pape

event,

remayal,

burial-transit

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be detached

signed by

O FUNERAL DIRECTOR: After this certificate has been

by the haspital or

be retained



		DI	ISION OF V	ITAL RECORDS, 3	OT W. PRE	STON ST	REET, BALTII	MORE, MAI	RYLAND 212	201	5/	(1)
	10270			CI	RTIFICA	TE OF	DEATH				~ /	4
	ECEASED-NAME	First		Middle		Lost		20 DATE OF	DEATH			2b. HOUR
	Type or print)	Flore	ence	G.	Warfi	eld		Ap:	Month	ľo.	1968	3 11A N
3 9	F	4	. RACE W			DATE OF B	1878 1878		6 AGE (In year last birthday		NDER YEAR THS DAYS	IF UNDER 24 HRS. HOURS . MIN
	BIRTHPLACE (State or f	oreign 7b.	CITIZEN OF WHAT	COUNTRY?	MARRIED [. COUNTY OF				
COL D	rince Fre	deric	k. Md.		WIDOWED -		RCED	Re 7	timore			Md
	CITY OR TOWN OF DEA			E OF HOSPITAL OR INSTI	470	n haspital	12o J5UA.		(Kind of work		2b KIND OF E	
B	altimore	21212		eet oddress)	Manager of a	TT	during mo:	st of work ng	life, even if rei		NDUSTRY	
	JSUAL RESIDENCE (WI	agra decensed lu	and if netitation	Pasidence baines	Nursi:		13d, INSIDE CITY LIM	IIS7 13a ST	-Publi	REP TI	nools eachi	in c
	oursion) STATE	Md.	3b. COUNTY		Ruxtor		YES NO	□ 150		colto		
		irst	Middle	Lost			AIDEN NAME Fir			idle	I AV	Lost
14.		ndrew	J.	Gil		IOTHEK 3 PI		ate	(441)		Lumar	
16	WAS DECEASED EVER			6b. SOCIAL SECURITY NO		DAAAMT	17	8.00	4.4.	ress	Pomiter	1
	Yes, no, prunknown)	(If yes give wor or d	lates of service)									
-				20-July-75	31 Mr.	s D	. н. н	am 1]t	on	(Sa	And the second	LASE INTERVAL
		H (Enter only on WAS CAUSED BY	e couse per line	for (a), (b), and (c).)	/	. /	7-1					KSET AND DEATH
	PAKI I, DEMIN	IMMEDIATE C	AUSE (a)	11400	2701	a/ -	1-775	2701	1007		44	240
	7		DUE TO, OP AS	A CONSEQUENCE OF		1	11-1	_	/	_	11	1.
	Candit ans, if any, w		(b)	oner	3/120	2d	AT7 18.	11050	10,000	15	10	10
	stoting the underly		DUE TO, OR AS	A CONSEQUENCE OF							1	
	iost)	(t)									
П	PART 2 OTHER SIGN	IFICANT CONDITI	ONS CONTRIBUTIN	IG TO DEATH BUT NOT	RELATED TO T	HE TERMINA	M. DISEASE OR CO	INDITION GIVE	N IN PART 1(o)			
22												
CERTIFICATION	190. DATE OF OPERATION	ON 19b CONE	OFF ON FOR WHICE	OPERATION WAS PERF	ORMED	20o AUTO	OPSY?		YES, WERE FIN	DINGS CONSIL	ERED IN CE	RT-FYING
ΙĔ						YES [NO 🔀	CAUSE	S OF DEATH?			
	1		21b T ME OF I		21c HOW	INJURY OC	CURRED (Enter	noture of inju	ry in Part 1 ar	Part 2, Item	18)	
3	101 - 51		HOUR A.M.	Manth Day Year								
MED	21d INJURY OCCURR	ED 21e PLAC	E OF INJURY (A	T HOME FARM, STREET, FACTO FRICE BUILDING, ETC	RY.) 211 LOCA	TION Stre	et or R.F.D. No	City	or Town	Co	lunty	State
	While Mot while at work		(0)	FILE BUILDING, EIC	/		,			Pad .		
		of (I) (this.	espital) otten	ded_tne_deceosed	from	1	1/2196	7, to /	a Abra	1968	, that	(we) last
	saw the de	ceased alve	an	4/1019	Las and t	hat in (h	y) (bur) opin		accurred on	the dote a	nd hour o	and from the
	causes stat	ed gbove, 🔊	(we) (d'd) (d	denet) view the be	idy ofter de	oth.						/

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the director, page 3 should be detached far use as the buriol-transit permit. Then please remaye corbon papers. Page should be filed with the State Dept. of Health prior to buriol, cremation, ar remayal, and in any event, within 72 hows all ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 Page 4 may be retained by the hospital or attending physic on. TO HOSPITAL OR VR A15 4 1

hours offer death

0 [Donnell Charles

ATTENDING PHYS 22e. ADDRESS 7501

STAFF MED DIRECTOR

York

22c DATE SJÓNED

230 8 RIAL CREMATION, REMOVAL (Specify) Rem. Buria 23b DATE

22b SIGNATUR

PHYSICIAN S NAME (Type)

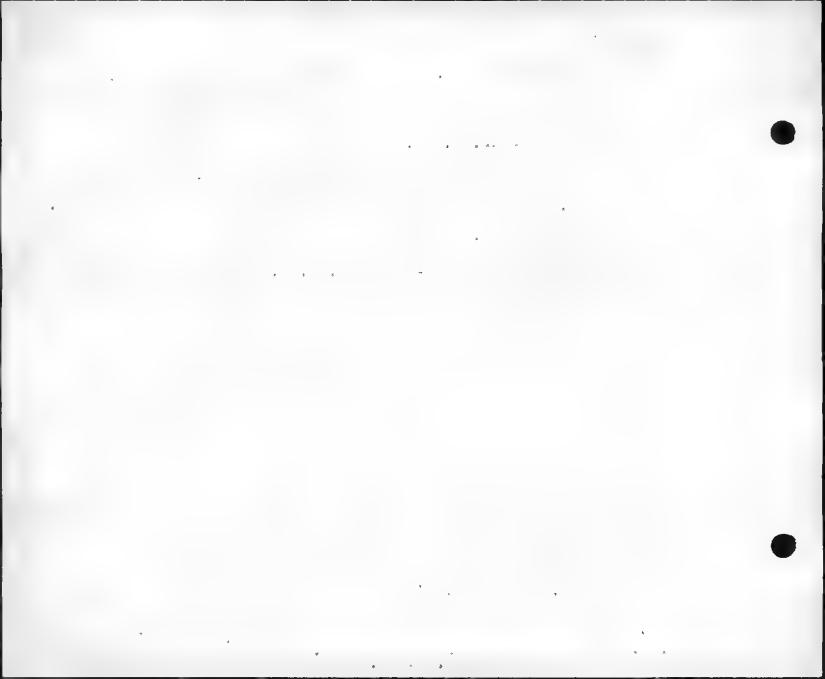
23c NAME OF CEMETERY OR CREMATORY Hill

Road 23d LOCATION (City or Town) Cumberland

(County) (State)

York Rd. Sons Co. Balto

250 REC'D BY REG STRAR DATE APR 15 1968



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME First Middle 2a. DATE OF DEATH 2b HOUR (Type or print) Manth 3 SEX 4 RACE hours after 6. AGE { n years F JMDER YEAR lost birthdoy) MONTHS DAYS 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH NEVER MARRIED MARYLAND hin 72 WIDOWED DIVORCED paper the attending physician and completely filled sit permit. Then please remove carbon paper NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done requires that the death certificate be executed within give street oddress) during most of warking life, even if retired) event, wit TOWSON HOUSEWIFE GREATER BALTIMORE MED 13a USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 13e STREET AND NUMBER 3d INSIDE CITY , MITS? admission) STATE 13b. COUNTY YES NO X and in ony 14 FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First 160. WAS DECEASED EVER IN ILS. ARMED FORCES? 17. INFORMANT Yes, na, or unknown) (If yes give war at dates of service) cremation, or removal, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEAD PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove) burial-tronsit rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse signed | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) attending | os the has been CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO _ Heolth r YES 🔀 Page 4 moy be retained by the hospital or this certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year be detoched i Stote Dept. of (If either, natify medical examiner) P.M. 21d. INJURY OCCURRED 21e PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, 21f. LOCATION Street or R.F.D. No. State City or Town County While Not while at wark 22a. I certify that (I) (this haspital) attended the deceased fram 29 3 3 4 1968, ta 4 10 1968, that (I) (300) last saw the deceased alive an 3 3 4 10 1968, and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated above, (J) (we) (did) (did nat) view the bady after death. director, page 3 should should be filed with the O FUNERAL DIRECTOR: 22b. SIGNATURE 22c DATE SIGNED DEGREE PHYS. 22e. ADDRESS 22d PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d LOCATION (City or Town) 23o. BURIAL, CREMATION, (County) (Stote) Burial 4-13-68 Greenmount 24. FUNERAL DIRECTOR ADDRESS 2Sa. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE JOM REV W. Jenkins & Sons Co. 4905 York Rd.



TO HOSPITAL OR ATTENDING PHYSICIAN: The fow requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers, larges should be filled with the State Dept. of Health prior to buriol, cremotion, or removal, and in any event, within 72 having the deet

1	DIVISION	OF VITAL RECORDS, 30	I W. PRESTON STREET, BAL	TIMORE, MARYLAND 21201	
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000	14. FATHER S NAME First Mdd	lie Last	IS. MOTHER'S MAIDEN NAME	First Middle	Lost /
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cremotion, or removol, and in any	Yes, na, or unknown) (If yes give wer or dotes of service	166. SOCIAL SECURITY NO 705-10-647	4 Mus. Anna A.	Natts 3800 Balto	hearn Drive
E .	IB CAUSE OF DEATH (Enter only one cause p	er line for (a), (b), and (c),)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
r re	IB. CAUSE OF DEATH (Enter only one cause p PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	cardiar	ARREST		minutes
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		AE OF INJURY A.M. Month Doy Year	21c HOW INJURY OCCURRED (Ent	er nature of injury in Part 1 or Part 2, I	tem 18.)
	吉 [If either, natify medical examiner)	P.M. 19			
	While Not while N	RY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.	21f LOCATION Street or R.F.D. No	o. City ar Town	County State
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	sow the deceased alive an	19		pinion death occurred on the da	te and hour and from the
	causes stated obove, (1) (we) (c	lid) (did nat) view the bod	y ofter death.		to dila noor one nom me
<u> </u>	22b SIGNATURE	0 9 11	ATTENDING -	MED STAFE !	DATE SIGNED
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Snaula be mea	22d. PHYSICIAN'S JOSE A. R	AQUEL JR.	M.D. 220. ADDRESS		
~~	230. BURIAL, CREMATION, 23b. DATE /	23c NAME OF CEME	TERY OR CREMATORY	23d LOCATION (City or Town)	(County), (CStote)
KK!	REMOVALISPECTAL 4/30		ollauri	Woodlaws	i Ma.
No.	24. FUNERAL DIRECTOR	ADDRESS (E	2Sa. REC'D	BY REGISTRAR S	
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 35425 CERTIFICATE OF DEATH 2b. HOUR Middle Last 2g. DATE OF DEATH 1. DECEASED-NAME funeral 1 and 2 ter deathy haurs after death Webster (Type or print) Andrew IF LINDER 1 YEAR IF UNDER 24 HRS S. DATE OF BIRTH 6. AGE (In years 3 SEX 4 RACE loss birthday) May 6.188 male 9. COUNTY OF DEATH To RIRTHP, ACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Baltimore country) WIDOWEDX DIVORCED [12a, USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR 1) NAME OF HOSPITAL OR INSTITUTION (if not in hospital that the death certificate be executed within INDUSTRY during most of working life, even if retired,) o carban campletely 13a USUAL RESIDENCE (Where deceased lived, if institution Residence before Garnet (admission) STATE NO 🔽 remove MOTHER'S MAIDEN NAME First M ddie 14 FATHER'S NAME please 17. INFORMAN 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Yes, no, or unknown) (If yes give war ar dates of service) signed by the attending physi burial-transit permit. Then pl burial, crematian, or removal, 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) nse to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital or attending physician. stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) as the certificate has been 2Db IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? 190. DATE OF OPERATION CAUSES OF DEATH? YES 🖂 210 ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 216. TIME OF INJURY ğ HOUR A.M. Month Day Year OR CONTRIBUTING CAUSE OF DEATH P.M. (If either, notify medical examiner) detached 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. State 21d INDURY OCCURRED City or Town County Where Not while at work FUNERAL DIRECTOR: After this 1946, to April 3, 1968, that (1) (we) lest causes stated abave, (1) (we) (did) (didnot) view the bady after death. 22c DATE SIGNED 22b SIGNATURE ATTENDING director, page 3 shauld be filed v PHYS DIRECTOR 22e. ADDRESS 22d. PHYS CIAN'S NAME (Type) 23a. BURIAL, CREMATION 23b DATE emeteru Parkwood 0 250 ARET TO BY REGISTRATE OF DATE 24. FUNERAL DIRECTOR VR A15 (4) 30M REV 1/68



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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35424 1 DECEASED-NAME 20. DATE OF DEATH (Type or print) EW 3. SEX 4 RACE S. DATE OF BIRTH last pirthday) 7a BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED (X) NEVER MARRIED 51 Jucks WIDOWED [DIVORCED [12a USUAL OCCUPATION (Kind of work dane 10, CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital give street address) foresat during grast of working life, even if retired) Ctimena Housewell 13a USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c. CITY OR TOWN 13d. DISTOE CITY LIM TS? 13b COUNTY 3/02/ 14. FATHER'S NAME IS MOTHERS MAIDEN NAME First chy SICT 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 7 INFORMANT Address I (If yes give wer or dates of service) (NEICH -3626 Force) Yes, no. of unknown) NONE 18. CAUSE OF DEATH (Enter only one cause per line to (o), (b), and (c).]
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a). ONSEQUENCE OF Described CV Dieser Canditians, if any, which gave) rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) Perilippolismally 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 19a DATE OF OPERATION CAUSES OF DEATH? YES 🗍 NO -21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 23c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CALSE OF DEATH HOUR A.M. Month Doy Year (If either, natify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f LOCATION Street of R.F.D. No. 21d INJURY OCCURRED City or Town While Not while of wark 22a. 1 certify that (I) (this hospital) attended the deceased from saw the deceased alive on 19 5, and that in (my) (our) opinion death accurred on the date and hour and from the causes stated above, (i) (we) (did) (did nat) view the body ofter death 22c DATE SIGNED 22b SIGNATURE ATTENDING PHYS MED DIRECTOR 4-11-68 DEGREE 22e. ADDRESS 22d. PHYSICIAN'S Calver7 NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION REMOVAL (Spec fy) 24 FUNERAL DIRECTOR 2Sq REC'D BY REGISTRAR 2Sb. REGISTRAR S SIGNATUR

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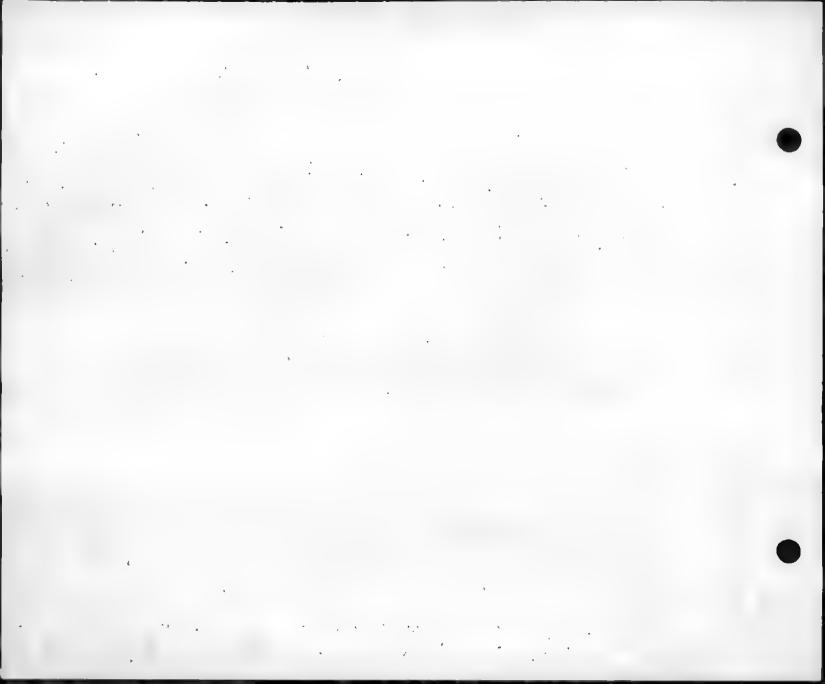
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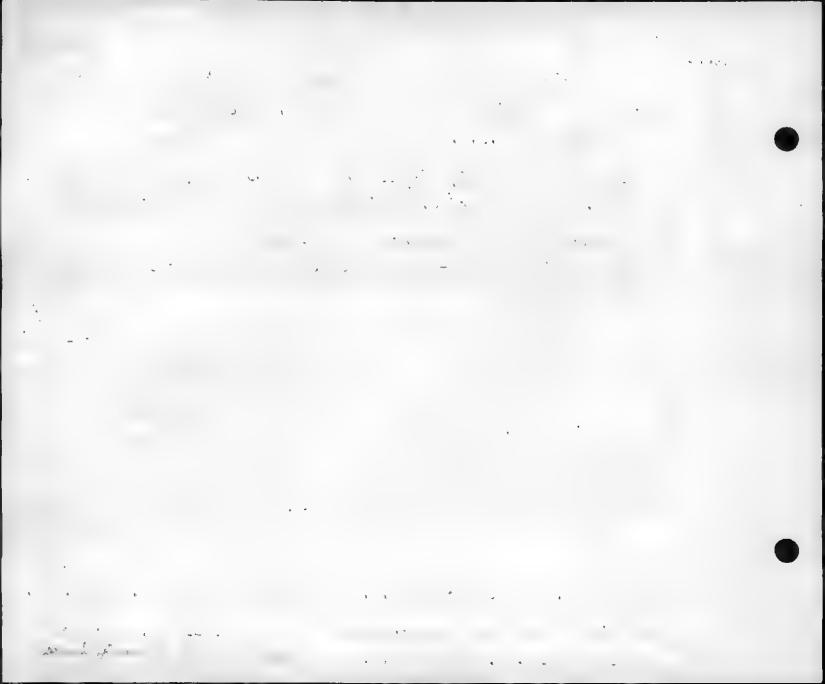
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH DECEASED NAME First Middle Last 20 DATE OF DEATH 2b HOUR (Type or print) West Margaret 3. SEX 4. RACE 5 DATE OF BIRTH IF UNCER 24 HRS IF UNDER YEAR Female 7a. BIRTHPLACE (State or forsign 7b. CITIZEN, OF WHAT COUNTRY? 8 MARRIED MEVER MARRIED 9. COUNTY OF DEATH Maryland DIVORCED [WIDOWED [12o USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR during most of working life, even it refired.)
Housekeeper Hospita arneu 130 US. AL RES DENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN admission) STATE/Id. 13b COUNTY Balto. Balto. 13e STREET AND NUMBER 3d INSIDE CITY LIMITS? 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME First First Middle Lost Last Minnie Thomas 17 INFORMANT 160 WAS DECEASED EVER IN US ARMED FORCES? Yes, no for unknown) (11 yes give war or dates of service) Same APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter any one cause per line for (a), (b), and (c)) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY,
!MMEDIATE CAUSE (a) _ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) for use as the t Health priartab 8 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20o. AUTOPSY? FIGA CAUSES OF DEATH? 2-21-68 2 11 " nt YES [NO T 210 ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 2]c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 183) OR CONTRIBUTING CAUSE OF GEATH HOUR A.M Month Day State Dept. af (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town State County While Not while at work 61, 19 saw the deceased glive an 4 > 60 19, and that in (my) (aur) apinion death accurred on the date and haur and from the director, page 3 should should be filed with the causes stated abave, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS 22e. ADDRESS Medical Arts Bldg. 22d. PHYSICIAN'S Wallace Walker M.D. NAME (Type) 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23a BUR AL, CREMATION, 23d LOCATION (City or Town) REMOVAL (Specify) Greenmount ADDRESS 24 FUNERAL DIRECTOR Ruck Inc. Baltimore, Md

requires that the death certificate be executed within 24 haurs after death. by the Pages campletely filled in signed by the attending physican and campletely filler burial-transit permit. Then please remove carban pap burial, cremation, ar remaval, and in any event, within attending physpermit. Then p by the haspital or attending physician. has been O FUNERAL DIRECTOR: After this certificate be retained



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Albh M 2a. DATE OF DEATH DECEASED NAME First Enst 2b. HOUR (Type or print) Month RUPERT HALL WILLTAMS 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR E UNDER 24 HRS last birthday) MONTHS JANUARY 12. MALE NEGROTO 1896 9. COUNTY OF DEATH 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED MARYLAND WIDOWED [DIVORCED [BALTIMORE U.S.A. NAME OF HOSPITAL OR INSTITUTION (If nat in hospita HOSPITAL HOSPITAL during mast of working life, even if ret red.)

VETERANS ADMINISTRATION IN CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR VETERANS FORT HOWARD 130 USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13e STREET AND NUMBER 3d INSIDE CITY LIMITS? MARYT AND NO F 133 E. CHESAPEAKE AVENUE 14. FATHER'S NAME First Last 15 MOTHER'S MAIDEN NAME First HORATIO WILLIAMS AUGUS TA **JOHNSON** 165. SOCIAL SECURITY NO. 17. INFORMANT VA HOSPITAL 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yes no or unknown) (If yes give war or dates of service) 217 05 6288 CLINICAL RECORDS, FORT HOWARD, MARYLAND 18 CAUSE OF DEATH (Enter anly one couse per line for (a), (b), and (c)) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) ACUTE MYOCARDIAL INFARCTION 10 DAYS DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gave) PULMONARY EDEMA 10 DAYS rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause (PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 1101 DIABETES MELLITUS 190 DATE OF OPERATION 195. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO (20) 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET EACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Nat while at work 220. I certify that (I) (this haspital) attended the deceased from sow the deceased glive an 4/26/68 19 ond 4/14/68 19 to 4/26/68 19 sow the deceased alive an-_____19___, and that inxit (our) opinion death accurred on the date and hour and from the 22c DATE SIGNED 22b. SIGNATURE **ATTENDING** MED. DIRECTOR 4 26 68 DEGREE PHYS 22e. ADDRESS 22d PHYSICIAN S ALFONSO A. LOPEZ. NAME (Type) VA HOSPITAL, FORT HOWARD, MARYLAND 23d. LOCATION (C ty or Town) 23c. NAME OF CEMETERY OR CREMATORY (County) REMOVA. (Spec fy)
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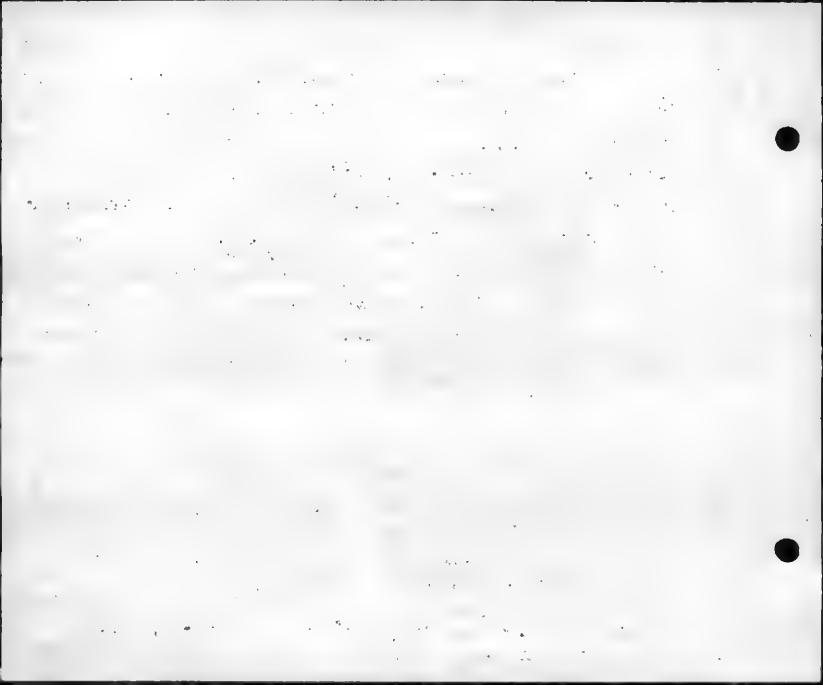
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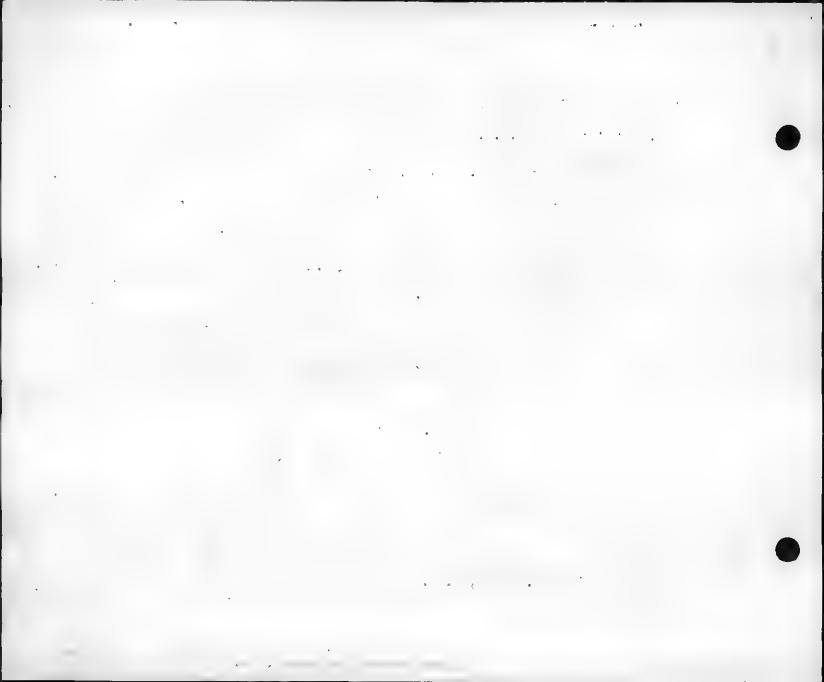
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24 FUNERAL DIRECTOR ADDRESS BALTO, MD Wm CHATMAN FUNERAL HOME, 1701 MCCULLOH ST 2So REC'D BY REGISTRAR

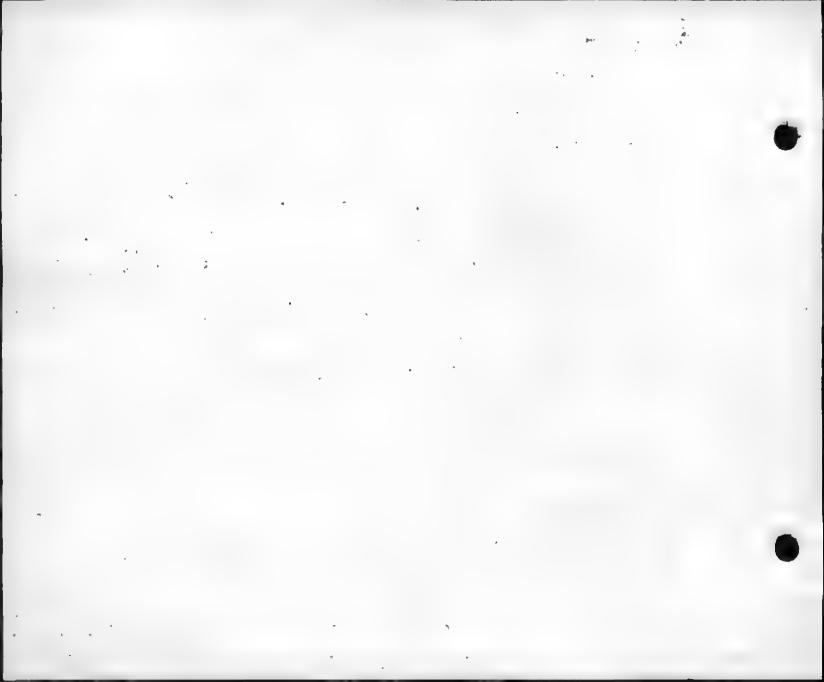
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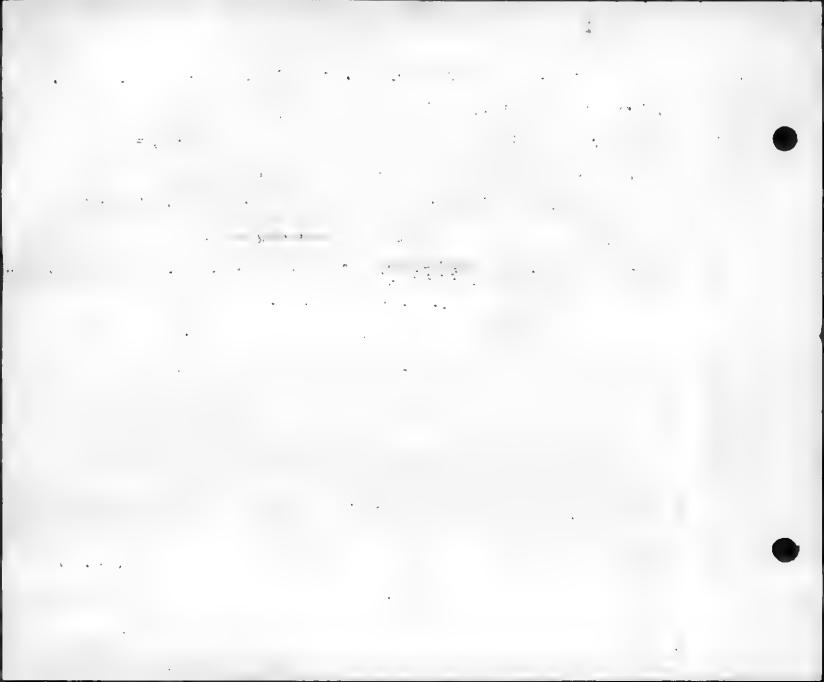
2 1 1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	1 3 1
HEALTH DEPT	DECEASED NAME First Middle Lost 20 DATE KNOWN Month	Day Year 2b HOUR
2 2 8 Z	MITHTED MATERIAL DEATH WATED T	2 168 L:30A
- 7 HO	3 SEX 4 RACE 5 DATE OF BIRTH 6. AGE (n years f JNDER ! YEAR F UNDER 24 HRS 20 DATE PRONOUNCED DEAD MONTHS OAYS HOURS MIN Worth 29 YES	Yeor 19 68 4:30
2, 2, P.	70 BIRTHPLACE (State or foreign 7b. CT ZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH	,, 00 40
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ofter death S. Give Poges blong with for with the State eath	Baltimore County Vet. Adm. Hospital during most of working ife, even firefined)	126 K ND OF BUSINESS OR NDJSTRY Construction
rs ofter 18. Giv e olong 2 with t	So USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c (TY OR TOWN 13d MSDE CITY LANDS 13e STREET AND NUMBER 220 N. Stricker	Street
24 hours in Item 18 rs Office or so I and 2 vrs after d	4. FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle GENEVA F	ROBINSON
w thin 24 pencil in xaminer s i e pages 72 hours	60. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes., no. of unknown) (Yes., no	
is cert ficote should be executed within 24 hours ofter death e, writing the word "pending" in pencl in Item 18. Give Pages 1, forwarded to the Chief Medical Examiner's Office along with form e used as a burial-transit permit. Fire pages I and 2 with the State Determoval, and in any event within 72 hours after death	IB. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) IMMEDIATE CAUSE (b)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH UNKINOWN
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is certificate the, writing the forwarded to be used as a removal, and	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)	
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	21d INJURY OCCURRED 22e PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No. City or Town	County State
L EXAM ecute th Page 4 for your R:Poge iol, crem	WHILE AT WORK	re, Md.
<u>_</u> • 0 . 0 2 . 0	220 certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry	ond in my opinion
DICAL I	death resulted from: Natural causes , Accident , Suicide , Hamicide , Undetermined monner	_
ry, peral be re RAL prio	ACTUAL SIGNATURE MD ASSISTANT MEDICAL EXAMINER 226 DATE SI	IGNED 2/68
ro beputy necessary, the funera the funera on way be to Funera Health pr	EXAMINER'S METATAL R DAVIS M. D.	16-11774
TO T		(County) (State)
	24 FUNERA, DIRECTOR ADDRESS 1250, REC'D BY REGISTRAR'S SI	GNATURE
A SY RET. 6/3 7/	Wilson Funeral Home DATE APR 4 1968 Cleans Street, Beltimore, Md.	as Judge



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2g. DATE OF DEATH Last DECEASED-NAME . The low requires that the death certificate be executed within 24 hours after death (Type or print) ELEN MILDRED IF JINDER I YEAR IF UNDER 24 HPS. 6. AGE (In years 10-15-12 FEMALE Caucasian 9 COUNTY OF DEATH 70 BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 8 MARRIED [5] NEVER MARRIED the ottending physician and completely filled in sit permit. Then please remove corban papers. U.S. A. BALTO, WIDOWED | DIVORCED event, within 72 11, NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work dane 126 KIND OF BUSINESS OR during most of warking tife, even if retired) INDUSTRY give street address) LOWSON 13a. USUA. RES DENCE (Where deceased lived, if institution: Residence before 1/3c, CITY OR TOWN 13d. INSIDE CTY LUMITS? 130 STREET AND NUMBER - RAL WORTH odmission) STATE 13b COUNTY cremation, or removal, and in ony 15. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Middle 160 WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT RUDOLPH Yes, no or unknown) WILSON 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART 1. DEATH WAS CAUSED BY: burial-transit permit. IMMEDIATE CAUSE (o) Canditions, if any, which gave) rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause: far use as the burial-Health prior to burial, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a Page 4 may be retained by the hospital ar attending O FUNERAL DIRECTOR: After this certificate has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES [of Health 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) P.M. 21e PLACE OF INJURY (AT HOME FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED County Stote City or Town While Not while of work 22a. I certify that (1) (this hospital) attended the deceased from 4.1. 1968, to 4.1. 1968, that (1) Live) last 22b. SIGNATURE Dipak Kumar Mallik 22c DATE SIGNED ATTENDING PHYS. DEGREE director, page 's shauld be filed 22d. PHYSICIAN'S NAME (Type) DIPAK KUMAR MALLIK 22e. ADDRESS 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 230 BURIAL, CREMATION, (County) REMOVAL (Specify) Lorraine Park Woodlawn Balto Co. 256 REGISTRAR S. SIGNATURE 24. FUNERAL DIRECTOR 2So. REC'D BY REG STRAR 24. FUNERAL DIRECTOR
H.W. Jenkins & Sons Co. 4905
Ball VR A15 (4) 30M REV. 1/68



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 35431 Middle DECEASED-NAME First Lost 2n. DATE OF DEATH 2b. HOUR 4 Month (Type or print) ELSIE MARGIARET WINEBRENNER 4. RACE IF UNDER 1 YEAR 3. SEX 5. DATE OF BIRTH 6. AGE (In years IF LINDER 24 HRS last birthdoy) HOURS FEMALE CAVCASIAN 50 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? COUNTY OF DEATH ⁸ MARRIED 🔀 NEVER MARR.ED COUNTY) MARYLAND U.S.A. DIVORCED [WIDOWED BALTIMORE 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done and in any event, within 12b KIND OF BUSINESS OR law requires that the death certificate be executed within during most of working life, even if retired) give street address) INDUSTRY signed by the attending physician and completely f burial-transit permit. Then please remove corban Towson 13a USUAL RESIDENCE (Where deceased lived, if institution, Residence before , 13c, CITY OR TOWN 13d. NSIDE CITY LIM TS? 13e. STREET AND NUMBER admission) STATE MARYLAND 136 COUNTY BALTIMORE DIXON AVE. 14 FATHER'S NAME First Middle 15. MOTHER'S MAIDEN NAME First FRISBY HOSELER MARGARET HOOVER MHOL 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address [I yes give war or dates of service] Yes, no, or unknown) prior to buriol, cremation, or removol, PATIENT 18. CAUSE OF DEATH (Enter only one couse per une for PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CÔNSEQUENCE OF Conditions, if any, which gave) ase to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse offending physician PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE CERMINAL DISEASE OR CONDITION After this certificate hos been 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED. 20a, AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES of Heolth Page 4 may be retained by the hospital or 210 ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, natify medical examiner) P.M. with the Stote Dept. 21d INJURY OCCURRED 21e PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, 21f LOCATION Street or R.F.D. No. City or Town County Stote While Not while at work 22a I certify that (I) (this haspital) attended the deceased from 4-29, 1900, ta 4-30, 1900, that (I) (we) last saw the deceased alive an 4-30, and that in (rhy) (aur) apinian death accurred an the date and haur and from the O FUNERAL DIRECTOR: causes stated abave, (I) (we) (did not) view the bady after death. 22b. SIGNATURE 22c DATE SIGNED **ATTENDING** MED. DIRECTOR STAFF PHYS. director, page 3 shauld be filed v DEGREE PHYS. 22e. ADDRESS 22d. PHYSICIAN S NAME (Type) AETER CENTRE NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23o BURIAL CREMATION (County) REMOVAL (Specify) Baltimore Natl Cem. Baltimore Md **ADDRESS** 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15 (4) Ruck Inc. 5305 Harford Rd. 1968 30M REV 1/68



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

The second		110 311U		CERTIFICATE O	F DEATH		-	0543z
= _4#V		ECEASED-NAME First	Middle	Last		2a. DATE OF DEATH		2b. HOURA
r deot		Type or print) NAO1	MI MARGUE	RITE WIN	TER	APRIL Month	2. Dey 196	8 2:50 M
10 July 10 Jul	3. SI	Х	4. RACE	5. DATE OF	BIRTH	6 AGE (In	years IF UNDER	LYEAR F UNDER 24 HRS
by the fur		FEMALE	WHITE	DECE	MBER 26.	1906 last birt	rdoy) MONTHS YRS	DAYS HOURS MIN
200	70.	. 1	b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER N	AARRIED 7	COUNTY OF DEATH		
1 in Pers	€ Q U!	ntry) MARYLAND	U.S.A.		VORCED	BALTIMOR	E.	Md
illed in popers him 72 h	10 (CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR IN	ISTITUTION (If not in hospite	12a USUA.	OCCUPATION (Kind of w	vork done 12b K	(IND OF BUSINESS OR
看 素质素分		TOWSON	give street address) JOS	EPH HOSPITA	L during mas	"HOWEPAKEK"	Secretary	STRY
d side	130.	USUAL RESIDENCE (Where deceased	lived, if institut an. Residence before	13c CITY OR TOWN	13d INSIDE CITY EIM		IUMBER	
coupletely filled may revent, within 7	dam	ission) STATE MARYLAND	13b BALTIMORE	Timonium	YES NO	X 324 E. T	IMONIUM R	D. #21093
ore be executed a cion and complete cose remaye cort and in any event,	14.	FATHER'S NAME First	Middle Lost	15. MOTHER'S	MAIDEN NAME Fir	st	Middle	Lost
Se din /	L	Thomas	U. Forres		La	ura		Kuhne
sicio sicio aleo, on	160	(AS DECEASED EVER IN U.S. ARME				- 001	Address	
phys en p		(es, no, or unknown) (II yes give war	213-44-9	9545 Mr. Ral	ph A. Wi	ntef 324 E		
requires that tends the certificate by executed within 14 hours after death sphysicion. signed by the attending physician and completely filled in by the funeral burial-transit permit. Then please remare carbon papers rages than burial, cremation, or remayal, and in any event, within 72 hours after dading burial, cremation, or remayal, and in any event, within 72 hours after dading the complete of the complete			one cause per line for (a), (b), and (c)				BI	APPROXIMATE INTERVAL ETWEEN ONSET AND CEATH
affendi affendi permit. ion, or re		PART I DEATH WAS CAUSED IMMEDIATE	E CAUSE (o) Abdominal	carcinomato	sis, pri	mary in col	.on	
attr perrion,		13 58	DUE TO, OR AS A CONSEQUENCE OF					
the the mot		Cond tians, if ony, which gave)	(b)					
physicion. physicion. signed by the burial-tronsit burial, cremot		stoting the underlying couse	DUE TO, OR AS A CONSEQUENCE OF					
physicic signed burial-ti burial, c	П	lest. 152 A	(c)					
equire physical signed burial burial			ITIONS CONTRIBUTING TO DEATH BUT N	IOT RELATED TO THE TERM!	INAL DISEASE OR CO	INDITION GIVEN IN PART 1	i(a)	
e law re rending us been as the prior to	NO	Intestinal ob		50500450	tra bruh	Tool it tipe diper	Fluid Hose Court Pros	The title of Stricture
	CERTIFICATION	196 DATE OF OPERATION 196 CO	ONDITION FOR WHICH OPERATION WAS PE		JTOPSY?	CAUSES OF DEATHS	FINDINGS CONSIDERE ?	D IN CERTIFYING
AN: The	ERTI	21a ACCIDENT WAS UNDERLYING	216 TIME OF INJURY	YES		nature of injury in Port 1	- P-+ 0 Ia 10 1	
IAN ol o ficot ficot for for for		DR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Month Doy Year		OCCURRED (Enter	nature of injury in Fort 1	or ran 2, nem 18.j	
SICI Spite spite spite sertiff red to find the first series of the	MEDICAL	(If either, notify medical examine 21d INJURY OCCURRED 21e. P	r) P.M.	IS TOCATION OF	beest on D.C.D. No.	City or Town	County	v State
S PHYSIC the hospi this cert detached e Dept. o		TITLE TOOL MILITER	LACE OF INJURY (AT HOME, FARM, STREET, FA	ZII LOCATION SI	ileel of K.F.D. No.	CITY OF TOWN	COOTIN	, sidie
ATTENDING PHYSICIAN: stained by the hospitol or TOR: After this certificate should be detached for the State Dept. of Heol		22a 1 certify that (% fthis	hasnital) attended the deceas	ed from FARCH 4	22. 1966	to APRIL	2 10 68	that (A) (wa) last
A P P P P P P P P P P P P P P P P P P P		saw the deceased alia	haspital) attended the deceas	19 68, and that in ((my) (our) apın	ion deoth occurred	on the dote and	hour and from the
ATTEN stained CTOR: / should ith the		couses stated above	(I) (wa) (did) (did not) view the	body after deoth.				
0 4	L	22b SIGNATURE	X lo a	ATTEN	IDING - ME	D STAFF	22c DATE SIGI	
be de		\	X Jule C. M	DEGREE PHYS		D STAFF RECTOR PHYS	X April	2, 1968
TO HOSPITAL OR Page 4 may be r TO FUNERAL DIRE director, page 3 should be filled w		22d. PHYSICIAN'S NAME (Type) Reyna	ldo Orjuela-Gomez	, M.D. 76	DDRESS 20 York	Rd., Towson	, Md. 212	204
LOS 4	230	BURIAL CREMATION. 236 DA		CEMETERY OR CREMATORY		23d LOCATION (City or		
500 per 8		DEMONIAL (Caracka)		ney Valley C		, ,	,	
VR ATSEN	24	FUNERAL DIRECTOR	ADDRESS	5	250 RECTE BY	RESISTRAR 1968Sb	RECOMPARY SIGNATU	Rudge
30M REV. WAS	Wn	a. Cook-Brooks T	owson 1050 York F	Rd. 21204	DATE AFT	9 _ 1000	1	1



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Type or Pnnt) geath ISADORE (ISADOR) ISIDOR) APRIL 6, 1968 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED-DEAD 4. USUAL RESIDENCE (Where deceased lived. If institut an residence before ad-B. COUNTY FULL NAME OF HOSPITAL OR MARYLAND ADDRESS OR LOCATION CITY OR TOWN D INSIDE CITY LIMITS? INSTITUTION BALTIMORE YES X NO LABYRINTH ROAD, APT. 1 B E STREET AND NUMBER 4315 LABYRINTH ROAD 5. SEX completely 6. RACE 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. MARRIED NEVER MARRIED lost birthday Months! Days Hours ! requires that the death certificate be executed WIDOWED DIVORCED X MAY 26, 1899 WHITE ${ t MALE}$ OA USUAL OCCUPATION (Give kind of weighted)

done during most of working life, even if refired) OA USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or fare an country) 12. CITIZEN OF WHAT COUNTRY-SALVAGE METAL RUSSIA U.S.A. 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME NATHAN WOLFF GUSSIE TURNER attending paramit The S. Was Deceased Ever in U. S. Armed Forces? 7. INFORMANT 16, SOCIAL ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. APT.10 la signed by the attend 214-16-4955MR. HOWARD RUBIN, 4315 LABYRINTH RD. NO 11B. CAUSE OF DEATH TWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH physician. (This does not mean the made of dying, e.g., DUE 10. OR AS A CONSEQUENCE OF heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) has been s attending ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving for use as rise to the above cause (A) stating the UNDERLYING CONDITION last. this certificate h ATTENDING PHYSICIAN: I stained by the haspital or OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A. 22. I certify that (I) (this hospital) attended the deceased from..... ro Hospital or Attenbing Page 4 may be retained by the ro Funeral director: After that (1) (we) last saw the deceased alive an and that in (my) (aur) apinion death accurred an the detest and have and from the causes stated above. (1) (We) (did) (did not) view the bady after death. 23A, SIGNATURE 23B. DATE SIGNED Attending Med 4/6 KX Staff Phys Director Phys. 23D. ADDRESS 23 C. PHYSICIAN'S NAME (Type) Zinberg Northern Parkway Israel 4000 W. DEGREE 24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY or CREMATORY 24D, LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 2 4-7-68 BALTIMORE, MARYLAND BETH YEHUDA ANSHE KURLAND VR 25A, DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR A DD RESS SOL LEVINSON & BROS. INC. 6010 REISTERSTOWN ROAD, BALT

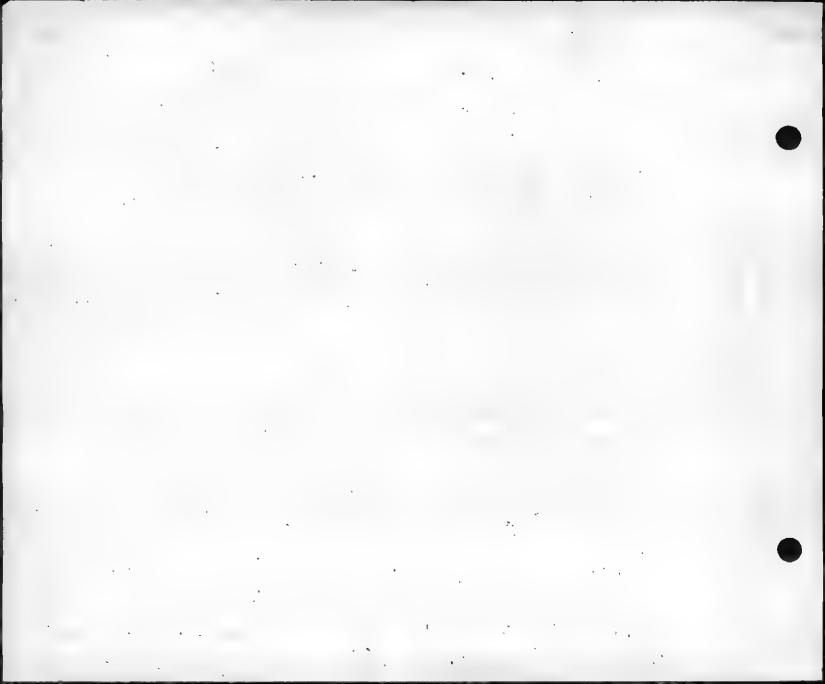
ADD-0-1059

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 35434 CERTIFICATE OF DEATH DECEASED NAME First Middle Lost 20 DATE OF DEATH 2b HOUR death. haurs after death and anera (Type or print) Month GUSTAV NOPPMAN HRISTOPHER 3 SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF LINDER 24 HRS last birthday) de 7b CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) 11.5 A. ARYLAND WIDOWED 52 DIVORCED [10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USJA, OCCUPAT ON (Kind of work done 126 KIND OF BUSINESS OR e law requires that the death certificate be executed within during most of working fe, even if retired } ALTIMORK FIELD 1/LAYGROUND remave carbl burial, crematian, ar remaval, and in any event, 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c_CITY OR TOWN 3d INSIDE CITY LIMITES? 13e STREET AND NUMBER 13b. COUNTY YES X 14. FATHER S NAME Middle 15. MOTHER'S MAIDEN NAME First AWRENCE 4 SOPPMEN attending physician permit. Then please 16b. SOCIAL SECURITY NO. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT I (If yes give war or dates of service) Yes, no, or unknown) 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART : DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) ARTORIOSCIEROTIC & Hypertonove DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if any, which gave) rise to immediate couse (a). CARGO VASCULAR DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) ficate has been s far use as the b f Health priar to b NO 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CERTIFICAT CAUSES OF DEATH? NO | YES 🗀 this certificate 4 may be retained by the haspital ar 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year directar, page 3 should be detached is should be filed with the State Dept. of (If either, notify medical examiner) P.M. (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. JNJURY OCCURRED 21e. PLACE OF INJURY State City of Town County While Not while at work L at work TO FUNERAL DIRECTOR: After causes stated abave (1) (we) (dia) (dia not) yew the body after death. 22b SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR DEGREE PHYS 22e. ADDRESS 26 08 22d. PHYSICIAN'S NAME (Type) NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23o BURIAL CREMATION 23b DATE (County) REMOVAL (Specify) TO 24. FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR 2Sb. RÉGISTRAR S SIGNATURE VR A Ucharles



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME Middle 20. DATE OF DEATH (Type or print) requires that the death certificate be executed within 24 haurs after dea IF UNDER 1 YEAR 6 AGE (In years 3. SEX MONTHS 76 CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 8. MARRIED NEVER MARRIED physicion and campletely filled in country) WIDOWED DIVORCED [BALTIMORE IG. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USBAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of working life, even if retired.)
HOUSEWIFE give street oddress) INDUSTRY MILFORD MANOR PIKESVILLE NURSING HOME AT HOME 13e STREET AND NUMBER 130. LSLAL RESIDENCE (Where deceosed lived, if institution, Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? odmission) STATE 13b. COUNTY BELTIMORE 14. FATHER'S NAME Middle Last IS. MOTHER'S MAIDEN NAME First Lost SAMUEL FISHGOLD ZALATA please 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO Address Yes, no, or unknown) VANN-ZALIS. 2938 BARTOL ALBERT 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove) **burial-transit** rise to immediate cause (a). signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) the has been W41 20b IF YES, WERE PINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES 🖂 NO [O FUNERAL DIMICTOR: After this certificate 21o. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18) þ OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY / AT HOME, FARM, STREET, FACTORY, \ 21f LOCATION Street of R.F.D. No City or Town State County While Not while at work at work 22a. I certify that (I) (this hospital) attended the deceased from sow the deceased olive on 1967, o , and that in (my) (our) apinion death accurred on the date and hour and from the 4 may be retained couses stated above, (1) (west (did) (did hat) view the body after death. 22b SIGNATURE 22c DAJE SIGNED ATTENDING DEGREE PHYS DIRECTOR 22e ADDRESS 22d. PHYSICIAN'S NAME (Type) MXKK& 4000 W. NORTHERN PKWY MILTON B. KIRSH directo 23d LOCATION (City or Town) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) 230 BURIAL, CREMATION, BURTAL (Specify) 4-25-68 SHAAREI ZION ROSEDALE MARYLAND 24 FUNERAL DIRECTOR **ADDRESS** 2So. RECD BY REGISTRAR 25b. REGISTRAR'S SIGNATUR VR A15 (4) Misseles 30M REV 1/68 LEVINSON & BROS. 6010 REISTERSTOWN ROAD DATE



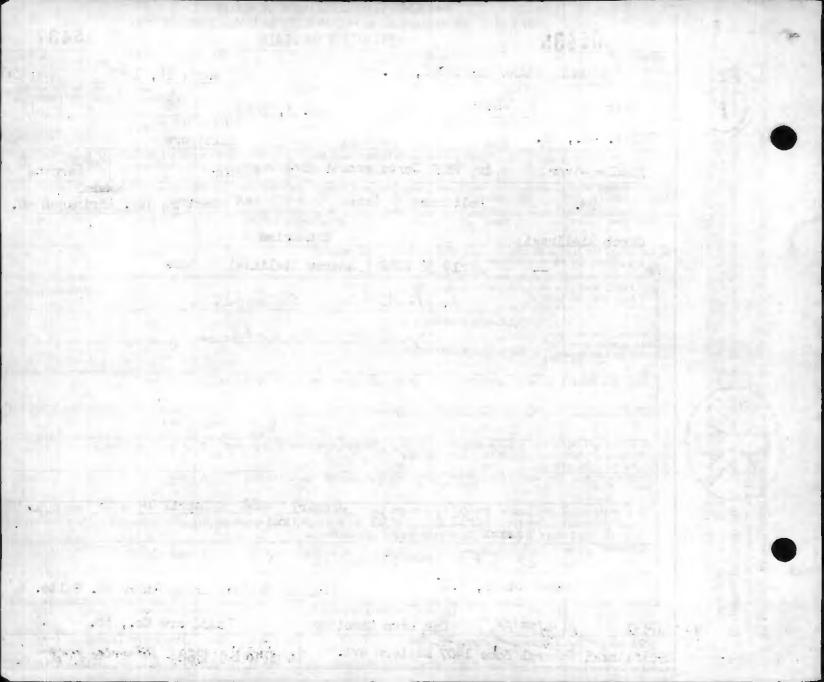


0545	5		ERTIFIC	ATE OF I	DEATH			054	.37
1. DECEASED-NAME F (Type or print) GEORGE	irst FRANK ZI	Middle ELINSKI, S	R.	Last			1 MT4. 198	8 Year	26. HOUR 4; 25T
3. SEX Male	4. RACE	е		S. DATE OF BIR	TH 1, 1889	9	6. AGE (In years last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
70. BIRTHPLACE (Stote or foreign country)	U1062		WIDOWED	NEVER MARR	RIED 9.	Baltir	nore		Mo
10. CITY OR TOWN OF DEATH Middle Rive	r give	AME OF HOSPITAL OR INS	valeso	ent Hor	neduring most	of working li		INDUSTRY	BUSINESS OR rming
13o. USUAL RESIDENCE (Where de admission) STATE Md.	lab. COUNTY	ion: Residence before laltimore	13c. CITY OR Chas		3d. INSIDE CITY LIMIT	TO	tern Ave.	Rural &Brink	man Rd.
14. FATHER'S NAME First Jacob Zieli		Lost		Kathe	DEN NAME First	3	Middle		Lost
160. WAS DECEASED EVER IN U.S. (es, no, or unknown) (H yes)	ARMED FORCES? live war or dates of service)	219 36 22		nformant Indrew 2	Zielins	ki S	Address Same		IMATE INTERVAL
18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAUMM) Conditions, if any, which go rise to immediate cause (stating the underlying coulost.	USED BY: EDIATE CAUSE (a) DUE TO, OR (b) DUE TO, OR (b)	AS A CONSEQUENCE OF	Suice Suice	<u> </u>	Carci	'no-	a_	BETWEEN	ONSET AND DEATH
PART 2. OTHER SIGNIFICANT							,,,		
RIFICA		ICH OPERATION WAS PER		20a. AUTOP	NO 🗌	CAUSES	YES, WERE FINDINGS (OF DEATH?		ERTIFYING
☐ DR CONTRIBUTING ☐ CAUSE OF	DEATH HOUR A.M. P.M.	Manth Doy Year				ature of injury	in Part 1 or Part 2,	Item 18.)	
While Not while		(AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.					r Town	County	State
22a. I certify that (I) saw the decease causes stated ab	(this haspital) atta d alive an Ar ave, (I) (we)(div)	ended the decease oril 6 1 (did nat) view the l	ed from 9_68, and body after o	January I that in (my leath.) (6%) apini	, ta * an death ac	corred on the do	, that ate and havr	(I) (362) last and fram the
22b. SIGNATURE	es	e ~ 1	D DEGR	Litta	□ DIRE	CTOR	STAFF PHYS. 22c	DATE SIGNED	
	mel Stern,				er Medi		oup Ridge		
Burnal (Specify)	36. DATE 1428/68	23c. NAME OF C		etery		Balti	(City or Town)		(Stote)
24. FURTUDRECTOR	neral Home	1407 East	ern Av	e.	2So. REC'D BY		25b. REGISTRAR'S	SIGNATURE	ega

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers Peggshould be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours

VR A 3 (A) 30M REV- 1/68

death.



24 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the haspital ar attending physician.

	_											
		CEASED-NAME (pe or print)	First		Middle	Lost		2a. DATE C	F DEATH	Doy 70)		2b. HOUR 10:05
			WILI		J.	ZOELL		APR	IL Month 5	. 190		U.
	3. SE	Male		4. RACE	nite	S. DATE (25/1899		6. AGE (In years last birthday)	MONTHS RS.		UNDER 24 HRS. DURS MIN.
ŀ	70. B	IRTHPLACE (State of	foreign	7b. CITIZEN OF W		B. MARRIED NEVER		9. COUNTY O	/	K2-		
	CONU		-	U.S.A			DIVORCED		imore			M
3	10. C	TOWSO		11. N gjye	AME OF HOSPITAL OR INSTI street address) Joseph Hos	TUTION (If not in hospi	during m	ast of warkin	N (Kind of work do g life, even if retired Conance	INDU	CIND OF BUS	
3	13a. admi:	USUAL RESIDENCE (Nation) STATE Md	Vhere deceas	ed lived it institut	tion: Residence before	13c. CITY OR TOWN	13d, INSIDE CITY I	LIMITS? 13e. S	TREET AND NUMBER 8216 Nort			
- 16		ATHER'S NAME	First	Middle	Lost	IS MOTHER	'S MAIDEN NAME	27	Middle			Ost
	1-34, 11		Franci		Zoelle	r	L	ydia	E.			ffy
1	16ο. Υ	WAS DECEASED EVE ss. no, or unknown) Yes	R IN U.S. ARM	vor or dotes of service)	166. SOCIAL SECURITY NO 215-07-416	17. INFORMAN	(Son)			Newir	igton,	
		PART I. DEATH 4 1 0 Conditions, if ony, rise to immediate stating the under	which gave a cause (a),	DUE TO, OR	Myocard AS A CONSEQUENCE OF	lial Infar	ction					
		last.)	(c)	AS A CONSEQUENCE OF JTING TO DEATH BUT NOT	RELATED TO THE TERM	WINAL DISEASE OR	CONDITION GIV	EN IN PART 1(a)			
	TION	PART 2. OTHER SIG	NIFICANT COI	(c) NDITIONS CONTRIBU	JTING TO DEATH BUT NOT					SS CONSIDERE	D IN CERTI	FYING
2	THICATION	PART 2. OTHER SIG	NIFICANT COI	(c) NDITIONS CONTRIBU		ORMED 20a.	MINAL DISEASE OR AUTOPSY? NO M	20b.	EN IN PART 1(a) IF YES, WERE FINDING ES OF DEATH?	GS CONSIDERE	D IN CERTII	FYING
2	CERTIFICA	PART 2. OTHER SIG 4201 190. DATE OF OPERA 21g. ACCIDENT WA	NIFICANT CONTION 19b. S UNDERLYIN T CAUSE OF DEA	(c) NDITIONS CONTRIBL CONDITION FOR WH AG 21b. TIME O	JTING TO DEATH BUT NOT HICH OPERATION WAS PERF IF INJURY Month Day Year	ORMED 20a.	AUTOPSY?	20b.	F YES, WERE FINDING			FYING
2	MEDICAL	PART 2. OTHER SIG	NIFICANT COI	(c) NDITIONS CONTRIBLE CONDITION FOR WH AG 21b. TIME O HOUR A.M. P.M.	JTING TO DEATH BUT NOT HICH OPERATION WAS PERF OF INJURY	ORMED 20a. YE: 21c. HOW INJURY	AUTOPSY? NO X OCCURRED (Ente	20b. CAUS	IF YES, WERE FINDING ES OF DEATH?			FYING State
2	MEDICAL	PART 2. OTHER SIGNATURE 190. DATE OF OPERA 21a. ACCIDENT WA OR CONTRIBUTING [If either, notify m 21d. INJURY OCCU! While Not while of work Saw the Courses street	TION 19b. S UNDERLYIM CAUSE OF DEAT edical exarming RED 21e. Chart (X) (the leceased a lated abave	CONDITIONS CONTRIBLE CONDITION FOR WH ON HOUR A.M. PLACE OF INJURY is haspital att live an Apr e, (I) (we) (did)	JING TO DEATH BUT NOT HICH OPERATION WAS PERF INJURY Month Day Year 19 (At HOME, FARM, STREET, FACTO OFFICE BUILDING, ETC. Tended the deceased 19 (did nat) view the bo	ORMED 200. YE 21c. HOW INJURY 21f. LOCATION Fram March O, and that in ody after death. DEGREE PHY	AUTOPSY? NO X OCCURRED (Enter Street or R.F.D. No 24 196 (7ky) (Our) ap ENDING	20b. CAUS or noture of initial control of initial c	F YES, WERE FINDING S OF DEATH? ury in Port 1 or Port y or Town pril 5 , accurred on the	County 1968 date and 2c. DATE SIG	, that (X) haur and	State (we) la I fram th
2	MEDICAL	PART 2. OTHER SIG	NIFICANT CONTION 19b. S UNDERLYIN CAUSE OF DEAI edical examinities RED 21e. le	CONDITIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTION FOR WHO IS A MANUAL TO THE CONTRIBUTION OF THE CONTRIBUTION	JIING TO DEATH BUT NOT HICH OPERATION WAS PERF OF INJURY Month Day Year 19 (At HOME, FARM, STREET, FACTO OFFICE BUILDING, ETC. rended the deceased 1. 19 (did not) view the bo	ORMED 200. YE 21c. HOW INJURY 21f. LOCATION Fram March ond that in ady after death. DEGREE PHY 27e. METERY OR CREMATO.	AUTOPSY? NO X OCCURRED (Enter Street or R.F.D. No 24 196 Oray) (Our) ap Ending Address York	20b. CAUS or noture of initial to the cause of the cause	F YES, WERE FINDING S OF DEATH? ury in Port 1 or Port y or Tawn pril 5 accurred on the STAFF X OWSON, 21 ION (City or Town)	County 1958 date and 12c. DATE SIG April 204, I	, that (%) haur and NED 5, 3	State (we) la I fram th
V	WEDICAL MEDICAL	PART 2. OTHER SIGNATURE 190. DATE OF OPERA 21a. ACCIDENT WA OR CONTRIBUTING [If either, notify m 21d. INJURY OCCU! While Not while of work Saw the Courses street	NIFICANT CONTION 19b. S UNDERLYIN CAUSE OF DEAI edical examinities RED 21e. le	CONDITIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTION FOR WHO IS A MANUAL TO THE CONTRIBUTION OF THE CONTRIBUTION	JIING TO DEATH BUT NOT HICH OPERATION WAS PERF OF INJURY Month Day Year 19 (At HOME, FARM, STREET, FACTO OFFICE BUILDING, ETC. rended the deceased 1. 19 (did not) view the bo	ORMED 200. YE 21c. HOW INJURY 21f. LOCATION Fram March O, and that in ody after death. DEGREE PHY	AUTOPSY? SI NO K OCCURRED (Enter Street or R.F.D. No DRY) (Our) ap ADDRESS YORK RY TY	20b. CAUS or noture of initial to the cause of the cause	F YES, WERE FINDING S OF DEATH? ury in Port 1 or Port y or Town pril 5, accurred on the STAFF X DWSON, 21 ION (City or Town) Ba.	County 1968 date and 22. DATE SIG April 204, M	, that (%) haur and NED - 5, 1 dd.	State (we) la I fram th

John J. Duda, 7922 Wise Ave. Dundalk, Md.

